

# SAM Inc. AFTER SCHOOL PROGRAM

## REGISTRATION FOR SCHOOL YEAR 2011 - 2012

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

New Student                       Will Return                       Will *not* return

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**HOME ADDRESS** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_

**MOTHER** Name: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**FATHER** Name: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**PICK-UP** My child may be released from SAM to the following people (in addition to parents):

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

**ALERTS** Please note any allergies, restrictions to foods or activity, medicines taken at school, special learning, physical or emotional needs and any other information that we might need to respond appropriately and take the best care of your child

\_\_\_\_\_  
 \_\_\_\_\_

**1. Yearly Registration Fee:** \$200 per child, \$175 per sibling. Payable to SAM, Inc.

**2. Daily Fees**

# days per week	5 days/week	4 days/week	3 days/week	2 days/week	1 day/week
Price per day	\$29 per day	\$30 per day	\$31 per day	\$32 per day	\$34 per day
*Sibling per day	\$24 per day	\$25 per day	\$26 per day	\$27 per day	\$29 per day

\* \$5 discount per day for **older** sibling reflected in prices above

**3. Schedule** Start Date: \_\_\_\_\_

Please circle approximate weekly schedule. You may change this later: M T W Th F

**4. Enroll**

Return Registration Fee and forms to: SAM Inc. 5 Canoe Brook Road, Short Hills, NJ 07078  
 You will receive Monthly Invoice and Scheduling Form upon receipt.

**5. Signature of Parent or Guardian** \_\_\_\_\_ Date: \_\_\_\_\_