

**REGISTRATION FORM**

Please circle the program days, times, and services you want and be sure to include the one-time annual \$30 registration fee to get your Grand Total. Registration for Drop In only allows you to use Haverty Hollow any time we are open. Please call or email us 24 hours in advance to reserve a next-day space.

**Please make your check payable to Haverty Hollow, Inc.**

<b>After School Enrichment 5-day Program</b>	<b>\$2100 no transportation</b>	<b>5 days including homework time, snack, activities and care from 2:30 until 6pm; monthly payment plans are available.</b>
	<b>\$2495 with transportation</b>	

*For regularly scheduled programs fewer than 5 days a week, please circle the days needed:*

<b>After School Enrichment Partial Attendance</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Program Cost/ Transportation Cost on HH van</b>	\$455 \$105	\$455 \$105	\$455 \$105	\$455 \$105	\$455 \$105
<b>Sub-Totals:</b>					

       **Check here for Drop-In Only** (8/09/21 - 5/27/22)

*Drop In hours are \$8/child. Trip charge is \$5/child.*

**Plus \$30/child registration fee = Grand Total:** \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_ M / F Birth date \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_ M / F Birth date \_\_\_\_\_

Parents' Names \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Cell Phone(s) #1: \_\_\_\_\_ #2: \_\_\_\_\_

Parents' Email addresses \_\_\_\_\_

Doctor: Name \_\_\_\_\_ Number \_\_\_\_\_

**Emergency (2 names & numbers other than parents)**

1. \_\_\_\_\_

2. \_\_\_\_\_

Comments (allergies, special problems, etc.) \_\_\_\_\_

School \_\_\_\_\_ Carpool Start Time \_\_\_\_\_