

# 2023 SUMMER & SCHOOL YEAR REGISTRATION FORM

## School Age CHAPS Programs

### Administration Office

127 Forest Avenue  
Hudson, MA 01749  
978-568-8884

[www.hudsonchaps.com](http://www.hudsonchaps.com)

Child's Name: \_\_\_\_\_

Grade 2023-2024: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## SCHOOL YEAR 2023-2024

### First Day of School:

Wednesday, August 30<sup>th</sup> → based on the 3/30/23 draft of the HPS calendar

Child's School:  Forest Ave  Farley  Mulready

Before School Program	After School Program	
<b>Hours</b> 7:00am-8:20am  <b>Tuition</b> <input type="checkbox"/> \$50.00 per week	<b>Hours</b> 2:50pm-5:30pm  <b>Half Days</b> Early Dismissal until 5:30pm <b>Full Days (Vacation, Inservice)</b> 8:00am-5:30pm	<b>Tuition</b> <input type="checkbox"/> 2 Days- \$50.00 per week <input type="checkbox"/> 3 Days- \$75.00 per week <input type="checkbox"/> 5 Days- \$100.00 per week  <b>Requested Days:</b> M T W Th F *Approval will be based on availability

### REGISTRATION FEE

The Annual Registration Fee of \$100.00 is due at time of registration for all summer and/or school year participants. Failure to pay this non-refundable registration fee will jeopardize your spot in the summer and school year program.

I understand that signing this form, I am committing my child to the above listed program(s) I have checked and committing myself to pay the fees. I realize that my decisions directly affect other families.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Registration Fee Payment Method:

Cash/Check  Credit/Debit Card (information below)

Name on Card \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp \_\_\_\_\_ CID \_\_\_\_\_ **Total Payment Due: \$ 100.00**

### Additional Information

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_