

A.C.T. After School Program Registration Form

September—June: Academic Year

at The Cathedral of St. John the Divine 1047 Amsterdam Avenue New York, NY 10025
212-316-7530 or www.actprograms.org

- Child's Name: _____ ID: _____
- School: _____ Date of Birth: _____ Grade: _____
- Address: _____
- City & State: _____
- _____
- Zip: _____ Home Phone _____
- Parents/Guardian Name: _____
- Occupation: _____
- Work phone: _____ Email: _____
- Parents/Guardian Name: _____
- Occupation: _____
- Work phone: _____ Email: _____
- Emergency contact Name: _____

A NON-REFUNDABLE \$30.00 Mission fee and registration fee must accompany this form in order to re-serve a space. The registration fee is applied to tuition.

ENROLLMENT STIPULATIONS AND REQUIREMENTS

- 1) All fees and full payment of tuition are payable in advance as stipulated on reverse side with a personal check or money order.
- 2) We reserve the right to cancel a course or activity for which there is insufficient registration. You will be notified promptly so that you may choose another course/session/section or receive a complete refund of registration fees.
- 3) Failure to comply with the payment schedule, contractual agreements or program regulations forfeits placement in any or all programs.
- 4) No refund, credits, make up, substitution, transfer, or changes of days is permitted or granted.
- 5) Additional fees may apply:
 - a) A fee of \$25.00 will be charged for returned checks.
 - b) A fee of \$5.00 per every 15 minute increment or any fraction thereof will be required in cash at time of pick up of children remaining after program hours beginning at (6:15 p.m.).
 - c) A.C.T. reserves the right to charge a 5% finance fee for payments made after the due date.

I understand and agree to the terms outlined above

Parent's Signature _____ Date: _____

My child _____ has permission to go on any trips arranged by ACT. If I cannot be reached and my child requires emergency treatment because of illness or accident, I hereby authorize ACT Program staff to call in a physician or arrange for emergency treatment at a hospital. Photographs and videos in which my child appears may be used by ACT Programs of the Cathedral of St. John the Divine for publicity purpose such as advertisements and on our website.

Parent's Signature _____ Date: _____

A.C.T. 2010-2011 After School Program enrollment form: Check plan and semester and circle weekday

Students in **1st through 4th grade** may enroll in the plans presented, subject to availability. Parents must pre-select the weekday the student will attend during the semesters upon registering. Circle the days on the calendar below based on the option you have selected. For example, the two-day plan allows students to designate the two days per week they can join A.C.T. The one-day plan allows students to designate one weekday per week they can join A.C.T. parents must coordinate their child's school calendar and other holidays before determining which plan best suits the families needs. A.C.T. is not responsible for changes in school schedules or cancellations. Days when A.C.T. is closed are designated with an "X." **Lined out weekdays are not included in the semester plan.**

A.C.T. ASP enrollment options: <i>The Fall, Winter and Spring semester options below are not available to students under first grade level.</i>	<input checked="" type="checkbox"/> Weekly participation	Deposit	<input checked="" type="checkbox"/> 2 day per wk.	<input checked="" type="checkbox"/> 1 day per wk.	<input checked="" type="checkbox"/> Single Day
Annual User (unlimited when ACT is open): 9/13/10-6/17/11	\$ 2,143	\$420			
Fall Semester: Sept 13—Dec 17, 2010	\$ 995	\$497	\$ 560	\$ 345	\$ 25
Winter Semester: Jan 3 - March 25, 2011	\$ 845	\$422	\$ 410	\$ 252	\$ 25
Spring Semester: April 11 — June 17, 2011	\$ 795	\$397	\$ 411	\$ 252	\$ 25

KEY codes

X = A.C.T. is closed

~~Day(s)~~ = Day(s) is not included in semester

○ = Day (s) student attends

F a l l

September	October	November	December
S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

REGISTRATION LIMITATIONS

- No make-up, transfer, carryover, changes, substitution or refunds of days once registered and noted on this form.
- Registration for semester users is subject to availability
- 50% payments is due upon registration for semester enrollees. Balance is due one month after the semester begins.
- Annual users are liable for full contract amount payable in 9 installment.
- \$5.00 discount for annual users enrolled in Holiday Camp

W i n t e r

January	February	March
S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

S p r i n g

April	May	June
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I am aware of the registration limitations for semester students as noted above.

Parents Signature: _____ Date: _____

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Keep this for your records

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