GAME ON WITH Mrs. Becky

MONTHLY
$55

TUESDAYS
FROM 12:10-1:15P

REGISTRATION FEE:
$30

BECKY HARRELL
251-583-5438

CASH, APPLE PAY, OR CHECKS MADE PAYABLE TO BECKY HARRELL ACCEPTED

A FUN OPPORTUNITY FOR KIDS TO GET OUT, PLAY GAMES, AND MAKE NEW FRIENDS. OPEN TO AGES 3 AND UP.

TUITION IS DUE ON THE FIRST OF EVERY MONTH AND WILL BE CONSIDERED LATE AFTER THE 5TH. A LATE FEE OF $10 WILL BE ADDED AFTER THE FIFTH.

Country Day School
After School Program
General Registration Form

This form serves as registration for all after school programs. By signing my child up, I agree that my child is registering for the full academic year of classes and not on a month to month basis. Should my child need to be released from the program, prior to the end of the school year, I agree to give a full month's notice in writing and to pay that month's tuition. I also understand that should my child miss a class for any reason, I still owe for that class as I am paying for the space, not attendance. A make up class is often not available due to full capacity in other classes. In addition, if payment is 30 days past due, my child will not be able to attend class until payment is paid in full, including any late fees incurred. If payment is delinquent longer than 30 days, my child's space may be filled with a child from the waiting list.

(Please initial each line)

_____My child has permission to participate fully in this after school program and the activities that go along with it for this school year.

_____I, hereby release, hold harmless and indemnify Country Day School, LLC and all after school program teachers from any and all liabilities arising from, relating to, or in conjunction with the services provided upon the premises.

_____After School Program tuition of $55.00 is due by the 5th of each month. A $10.00 late fee will be applied to tuition if not received after the second class. Payment is made to the teacher holding the class.

_____A **non-refundable $30.00 registration fee for programs** must accompany this registration form to hold your child's spot, made payable to the class instructor.

Parent's Name (Print): _____

Parent Signature: _____

Child's Name: _____

2025-2026 Teacher: _____

Date: _____

see page 2

Registration Form Continued

Student's Name: _____ Age: _____

Address: _____ City: _____

Parents' Names: _____

Phone Numbers: _____

Email: _____

Allergies: _____ Epi-pen yes no

Please list who has permission to pick up your child:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Please list the program(s) and day(s) for which you are registering your child:

Program:_____Day:_____

Program:_____Day:_____

Program:_____Day:_____

Program:_____Day:_____

Program:_____Day:_____

*These completed forms along with a $30 registration fee for each program (made payable to that program's instructor) must be returned to CDS by Monday, August 11 to secure your child's spot.