



**K2 RECREATION PROGRAM REGISTRATION**  
**301 Derry Road Hudson, NH 03051 (603)883-4310**

## SACC REGISTRATION FORM

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

Parent/Guardian(s):

Mother's name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

School My Child Attends:: \_\_\_\_\_

I am enrolling in the **BEFORE SCHOOL ONLY** Program at a rate of \$40.00 per week.  
 I expect to leave my child at the center at \_\_\_\_AM.

I am enrolling in the **AFTER SCHOOL ONLY** Program at a rate of \$70.00 per week.  
 I expect to pick up my child at the center by: \_\_\_\_PM.

I am enrolling in the **BEFORE AND AFTER SCHOOL** Program at a rate of \$80.00 per week and: I expect to leave my child at the center at \_\_\_\_ AM and pick him/her up from the center at \_\_\_\_PM.

A non-refundable deposit for the registration fee of \$90 plus the first week of tuition is required in order to reserve your spot.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PAID: \$ \_\_\_\_\_ CHECK # / MONEY ORDER #: \_\_\_\_\_