



2021-2022 Afterschool Reservation Form

Child's Name: _____

Gender: _____ Current Age: _____ Birthdate: _____

Parent/Guardian Name(s):

Best phone number to reach you at: _____

Email: _____

- 2 days per week* \$145/month _____
School
- 3 days per week* \$160/month _____
Grade
- 4-5 days per week* \$220/month

Days needed: _____

*Times to be determined.

Please return this form with a **\$50 non-refundable check or cash** to our Program Director. Final placement will be determined and you will be notified of your child's assignment in May. Please contact us at treehouse@hacmt.com or 442-6782, ext. 2, if you have any questions.

Office Use: Received by: _____ Date & Time: _____ Check #: _____ Amount: _____
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