



## 2021-2022 Afterschool Reservation Form

Child's Name:	Child's
Gender: Current Age: Birthdate:	Gende
Parent/Guardian Name(s):	Parent 
Best phone number to reach you at:	Best p
Email:	Email:
2 days per week* \$145/month  School  3 days per week* \$160/month  Grade  4-5 days per week* \$220/month	
Days needed:	Days n
*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.	Please our Prowill be treeho question
Office Use:  Received by: Date & Time:  Check #: Amount:	Of Re Ch

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