**STONEHAM PUBLIC SCHOOLS**

| FOR OFFICE USE |
| --- |
| Date Rec'd _____ |

# AFTER/BEFORE SCHOOL PROGRAM
# SHORT TERM ADDITIONS

| PROGRAM | ☐ AFTER SCHOOL | ☐ BEFORE SCHOOL |
| --- | --- | --- |

☐ Colonial Park ☐ Robin Hood ☐ South School ☐ Central Middle School

**Student's Name** _____ Grade _____

Address _____ Telephone _____

**AFTER SCHOOL COST:** **$30 / DAY FOR A NON REGISTERED STUDENT**
**$24 / DAY FOR A REGISTERED STUDENT**

**BEFORE SCHOOL COST:** **$7 / DAY**

**ADDITIONAL DATES REQUESTED:** _____

_____

**Parent Signature**: _____

**Date Submitted**: _____

**SEND PAYMENT TO:**

**Stoneham Public Schools**
**After School Program**
**149 Franklin Street**
**Stoneham, MA 02180**

**Please send to: rlevine@stonehamschools.org.**
**Please inform your child's teacher.**