MTW EXTENDED DAY REGISTRATION FORM

Last Name		**Teacher**		**Grade**	
First Name		**Emergency Contact**	***Other than parent:***		
Billing Name		Phone			
Address		Relationship			
City		**Pick-up 1**			
State & Zip		Phone			
Billing Email		**Pick Up 2**			
Parent 1		Phone			
Cell Phone		**Pick-up 3**			
Home Phone		Phone			
Work Phone		**Medical Info** - *Describe chronic health issues/limitations*			
Email for ED alerts		****Asthma / Food Allergies / Health Alert*** **You must see the ED office staff, complete the asthma/allergy/health form and supply necessary emergency medication before starting Ext Day.** **My child has: ____ Asthma ____ Food Allergy ____ Other Condition - Specify _____** _____ **My child can participate in all Ext Day activities____**			
Parent 2					
Cell Phone					
Home Phone					
Work Phone					
Email for ED alerts					

Check days your child will attend and Special Fee Class (if applicable)

☐	**MONDAY**	☐	**TUESDAY**	☐	**WEDNESDAY**	☐	**THURSDAY**	☐	**FRIDAY**

☐ ***VIOLIN** with YOSL – Separate Registration - Due in September, fees TBD. Classes begin early October 2026*

❖ **Due at Registration**		❖ **Payment Information**
Registration Fee due *	$ 120.00	***Starting Date:***
Registration Late Fee ***Reg Fee $150 after the 8/21 deadline***	$ 30.00	***ALWAYS include your child's first & last name with all payments***
One Month Security Deposit * *Applied to the last month of tuition*	**$**	***Zelle*** ____ (√) Use email: **billing.mtwed@verizon.net**
1st Month Tuition *	**$**	***Venmo*** ____ (√) Username: **@Claude-Andree-Louissaint-1**
		Scholarship Application Submitted: ____ *(√)*
TOTAL PAYMENT AMOUNT	**$**	***Tax Returns Submitted (for scholarship):*** ____ *(√)*

MIDTOWN WEST EXTENDED DAY
TERMS AND CONDITIONS FOR PARTICIPATION

As the parent/legal guardian of, _____ I understand and agree to the following:

1. My initial deposit payment covers the last month of my child's tuition. I shall not be entitled to any **deduction for absence, illness, withdrawal, or suspension** of my child from the Extended Day Program.
2. **I will pay fees to the program on the first of each month. Payment is due by the first (1st) of each month. If not received by the tenth (10th) of the month, a $30 late fee will automatically be added.** *If tuition is not paid in full by the end of each month my child will be suspended from the Extended Day Program until all outstanding fees are paid in full.* Under such circumstances, I will be responsible for picking up my child at the MTW dismissal time following normal Midtown West pick-up policies.
3. There are a **limited** number of scholarships available to qualifying families. Determinations will be based upon income and family circumstances. Applicants must submit: Registration Form & Contract, Scholarship Application Form, the $**120 Registration Fee** and copies of the **first two pages** of the previous two years of federal income tax returns.
4. I give permission for my child to participate in any and all Extended Day activities including trips during all camps and the regular program day to local venues, parks and events.
5. I give permission for my child's photo, likeness, or work to be used in promotional material for the Extended Day Program in videos, brochures, or posters to be used only within the MTW community, not for public distribution or on the public MTW website.
6. My child is required to meet standards of behavior consistent with the policies of The Midtown West School philosophy and if my child fails to behave or demonstrates repeated inappropriate conduct, the Extended Day Program has the right to dismiss my child or remove him/her from any activity.
7. If my child is not picked up by 6:00 PM, I agree to **pay a late fee of $20 for every 15-minute period** thereafter that he/she must be cared for after hours; i.e. 6:01=$20, 6:15=$40, 6:30=$60 etc., and that I may be asked to withdraw my child without a refund of fees if I am repeatedly late for pick-up.
8. If my child is injured and requires medical attention and I cannot be reached for instructions, a representative of the Extended Day Program will accompany my child to the nearest emergency room for treatment.
9. I understand that I am required to supply pertinent medical information and the appropriate emergency medication, i.e., asthma pump or EpiPen, for chronic health issues such as asthma or anaphylactic shock due to severe food allergies. I must replace any expired medication and update all forms and information whenever necessary. My child cannot attend the program unless all forms and medications are up to date.
10. I do hereby waive, release, absolve, indemnify and agree to hold harmless the organizers, supervisors, participants, Extended Day Committee, and all other persons acting on behalf of the Extended Day Program whether the result of negligence or for any other cause except to the extent and in the amount covered by accident or liability insurance.
11. In order to request a change in my child's schedule, I will notify the Program Director (info@mtwed.org) in writing, using the **Extended Day Schedule Change Form**, at least 7 days before the effective date of the requested change. Email or verbal notification will not be considered valid. There will be a $25 schedule change fee per each request per child.
12. This is a contract with the Extended Day Program for the full school year. If I choose to drop out of the program before the end of the school year, I must provide **one month's written notice** for my deposit to be applied to that last month of attendance. Failure to do so will result in forfeiture of the deposit, unless my family is leaving MTW.

I have read and understand the program information provided to all registrants and I have completed the registration form.

_____ _____

Signature of Parent/Legal Guardian Date