

**SSDS EXTENDED DAY PROGRAM
REGISTRATION & CONTRACT
2007 - 2008**

I hereby apply for enrollment for my child(ren) in the Solomon Schechter Extended Day Program for the academic year 2007-2008.

(please check days needed)

Child's Name (please print)	Grade 2007-2008	Mon	Tue	Wed	Thurs	Fri

I am enrolling my child(ren) for the following:

Yearly _____ Full Day (Stein 3:00 - 6:15 / Wells 3:15 - 6:30)

Monthly _____ Month(s) needed _____

- I understand that my child(ren) must be picked up by 6:15 (Stein) and 6:30 (Wells) and that late fees will be charged for each minute after the pick-up time (\$1 per minute).
- For yearly families: If I withdraw my child(ren), I understand that I will incur a penalty of one month's tuition.
- I agree to pay the fee(s) as listed on the Extended Day Fees and General Information sheet to attend the Solomon Schechter Extended Day Program. I understand that statements will be mailed monthly and are payable upon receipt either by check or by credit card.
- If fees or any other charges are not paid within 30 days of billing date, I agree to pay a late fee of 1.5% of the overdue balance for each month of delay. Late charges, once incurred, cannot be waived. If balances remain unpaid for 30 days, I understand that my child(ren) may be suspended from the Afterschool Program until such obligations have been fulfilled. I agree to pay, to the extent permitted by law, the school's expenses of enforcement and collection of tuition, fees, and related expenses including, without limitation, attorney's fees and costs. The laws of the Commonwealth of Massachusetts shall govern this contract.

Parent Signature

(Date)

Relationship to Student

**Mail to: Chris Battista, SSDS Extended Day Program
125 Wells Avenue, Newton, MA 02459**