



# AL-NOOR ACADEMY, SHARON

84-86 Chase Drive, Sharon, MA 02067

Tel: 781-784-0400, Fax: 781-784-3614

www.alnooracademy.org

## ACADEMY PLUS + After-School

Registration is open to all children Pre-school (ages 3 and up) through Grade 5.

**Monday to Friday, 3.00pm to 5.00pm\* Sept 3rd to June 5th**

ANA-Sharon's 2019-20 school calendar of events, holidays and closings apply.

**A+ Trimesters: T1 (9/3/19 - 11/20), T 2 (11/21 - 3/3/20), T3 (3/4 - 6/5/20)**

1st Child's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

2nd Child's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

3rd Child's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

("N.A." wherever not applicable)

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Person's Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Student's Primary Care Physician's Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Health Insurance Provider & Number: \_\_\_\_\_

Please list Allergies (if any): \_\_\_\_\_

Please Select Program (please circle) :

	1st child	2nd child	3rd child
Wed + 4d/week	675	555	425
Wed + 3d/week	600	480	360
Wed + 2d/week	480	360	270

Wed is FREE with any of above plans

**Fee is based per Trimester**

Specify days: \_\_\_\_\_

Total fees: \_\_\_\_\_

**Daily Rate: \$20/day or \$10/hr**

### Important Details:

1. Please complete **one application form per family**.
2. Every application must be accompanied with payment of the **full amount** of the selected program.
3. All Checks should be made **payable** to Al-Noor Academy.
4. A **sibling discount** will be offered for each additional child registered as noted in the chart above.
5. Any alteration to your contracted schedule must be made in writing with minimum of one week's notice.

Note: Frequent switching of days is not permitted.

**6. There can be no credits or refunds for any unused hours/days including sick days, snow early closings or early dismissals due to inclement weather.**

**7. \*Program will run for 2 hours, following dismissal, according to ANA calendar. On days of 2:30pm dismissal, program runs 2:30 - 4:30pm. There will be no A+ on days of 12:00pm dismissal, evening events & early closing due to inclement weather.**

### Parent Acknowledgement:

1. I have read the above important details of the program and agree to all the stipulations.
2. In the unforeseen event that my child requires immediate medical attention, and neither myself, my spouse nor the Emergency Person indicated above are contactable, I hereby authorize ANA's After-School Program staff to seek necessary aid, including and not limited to calling 911.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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# ACADEMY PLUS + Before-School

Registration is open to all children Pre-school (ages 3 and up) through Grade 5.

**Monday to Friday, 7:20am to 7:50am\* Sept 3rd to June 5th**

ANA-Sharon's 2019-20 school calendar of events, holidays and closings apply.

**A+ Trimesters: T1 (9/3/19 - 11/20), T 2 (11/21 - 3/3/20), T3 (3/4 - 6/5/20)**

1st Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

2nd Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

3rd Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

("N.A." wherever not applicable)

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Person's Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Student's Primary Care Physician's Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Health Insurance Provider & Number: \_\_\_\_\_

Please list Allergies (if any): \_\_\_\_\_

**Please Select Program (please circle) :**

daily rate \$8 / day Specify days: \_\_\_\_\_

weekly rate \$25 / week

M-F trimester rate \$300 / Trimester Total fees: \_\_\_\_\_

**Important Details:**

1. Please complete **one application form per family**. If also registering for A+ after school program, note "same" where applicable completed on after school registration form.

2. To secure program registration, application must be accompanied with payment of the **full amount** of the program.

Admittance is based on based on availability. Daily limit of the Breakfast Club is 10 students.

3. All Checks should be made **payable** to Al-Noor Academy.

4. Any alteration to your contracted schedule must be made in writing with minimum of one week's notice.

Note: Frequent switching of days is not permitted.

**5. There can be no credits or refunds for any unused hours/days including sick days, snow early closings or early dismissals due to inclement weather.**

**6. \*Program will run for 2 hours, following dismissal, according to ANA calendar. On days of 2:30pm dismissal, program run 2:30 - 4:30pm. There will be no A+ on days of 12:00pm dismissal, evening events & early closing due to inclement weather.**

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Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

