

Epping Recreation Before and After School Program Grades K-5

Spring Registration Form January 4th –June 18th 2027

Participant's Name: _____ Gender: M F Grade: _____
Address: _____ Date of Birth: _____
Parent/ Guardian _____ Phone _____ Email _____
Parent/Guardian _____ Phone _____ Email _____

Someone Must Be Able To Be Reached **At All Times** While Your Child Is In The Program! Please Provide 2 Contact People In Case Of Emergencies and Best Number To Be Used During Program Hours:

Emergency Contact: _____ Emergency Phone: _____
Emergency Contact: _____ Emergency Phone: _____

BEFORE SCHOOL HOURS: 6:45am-8:15am AFTER SCHOOL HOURS 3:15pm- 5:45pm

You must sign up for any days that you plan on using during the Fall Semester!

There are no refunds or credits for unused days!

Past Account Balances Must Be PAID IN FULL, In Order To Register For Future Programs!

No School Days, Holidays and Vacation Weeks are NOT INCLUDED!

We are CLOSED during School Snow Days! No AM Program during 2 hour delays!

PLEASE MAIL OR DROP OFF REGISTRATION FORM WITH 25% DEPOSIT

TO 157 Main Street Epping, NH 03042

We will accept Cash or Check for payment at Watson Academy or by Mail

Make Check Payable to "Town of Epping"

Please Select the Days You Plan To Attend and Total Your Cost:

Before School: Full AM Program M-F - \$1245 _____

Or

All Mondays (18) - \$216 _____

All Tuesdays (21) - \$252 _____

All Wednesdays (22) - \$264 _____

All Thursdays (22) - \$264 _____

All Fridays (21) - \$252 _____

Before School Subtotal: _____

After School: Full PM Program M-F - \$1854 _____

Or

All Mondays (18) - \$324 _____

All Tuesdays (21) - \$378 _____

All Wednesdays (22) - \$396 _____

All Thursdays (22) - \$396 _____

All Fridays (20) - \$360 _____

After School Subtotal: _____

Total = _____

Payment Plan: 1st Payment 25% of Total Due w/Reg, 2nd Payment of 25% Due December 1st

3rd Payment of 25% Due January 1st, Remaining Balance Due February 1st

Confirmation emails will be sent as soon as forms are processed!

Parent/ Guardian Signature: _____ Date: _____