



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

15 Crissey Road, Great Barrington, MA 01230 • www.berkshiresouth.org • 413.528.2810

Child's Name: _____

FEES

After School: \$14/day for members, \$16/day for guests
_____ Days x \$14 members/\$16 guests = \$ _____ total

Half Days: # _____ Days x \$20 per day = \$ _____ total

Full Days: \$35/day for members, \$45/day for guests
_____ Days x \$35 members/\$45 guests = \$ _____ total

Total Due: _____

Payment due upon receipt of calendar unless other arrangements have been made.

By signing this form, you agree that:

- You are financially responsible for the days you have chosen. Refunds will not be issued if changes are submitted less than 30 days in advance or for late arrivals, early departure or missed days.
- All programs end at 6 pm. After 6:00, you will be assessed a \$5 fee for the first five minutes and \$1 per minute thereafter, payment is due at time of pick up.
- A 2% fee will be charged for late payments.

March 2017

	Mon	Tue	Wed	Thu	Fri	
			1	2	3	
6	7	8	9	10 Full Day Program		
13	14	15	16	17		
20	21	22	23	24 Half Day Program		
27	28	29	30	31		

Signature of Parent or Guardian

Date

Office Use Only

Date received: _____

Notes/changes: