



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

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

Child's Name: _____

Southern Hills Regional School District

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 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.

May 2018

	Mon	Tue	Wed	Thu	Fri
		1	2	3	4
7	8	9	10	11	
14	15	16	17	18	
21	22	23	24	25 Half Day Program	
28 No Programs	29	30	31		

Signature of Parent or Guardian

Date

Office Use Only

Date Paid _____

\$ Paid _____

Registration Fee _____