

CITY OF ALBANY
RECREATION AND COMMUNITY SERVICES
FRIENDSHIP CLUB AFTER-SCHOOL PROGRAM
Program Selection Form

CHILD'S
NAME _____ **AGE** _____ **BIRTHDATE** _____

PARENTS
NAME _____ **WORK#** _____ **HOME#** _____

ADDRESS _____

PARENTS
NAME _____ **WORK#** _____ **HOME#** _____

SCHOOL _____ **GRADE** _____

TEACHER'S NAME _____ **ROOM#** _____

After School Program

P.M. Program Time Slot (please indicate):

Early Bird 1:55p.m.

Late Bird 3:05p.m.

Days (please indicate which days / minimum of 3 days): _____

E-MAIL ADDRESS _____

Please note that the days and time slot you choose now cannot be changed until the beginning of the new billing period for the coming month. No schedule changes will be made during the middle of any given month. Enrollment in this program is on a first come first serve basis with priority given to full-time participants, (5 days a week). A \$150.00 deposit is due at the time of registration for first time participants, \$50.00 of which is a non-refundable processing fee.

THANK YOU FOR CHOOSING THE FRIENDSHIP CLUB!