

Please Indicate the service(s) your child will need:

<p><u>Class</u> (select 1):</p> <p><input type="checkbox"/> First Grade (Age 6 by Sept. 30th)</p> <p><input type="checkbox"/> Second Grade (Age 7 by Sept. 30th)</p> <p><input type="checkbox"/> Third Grade (Age 8 by Sept. 30th)</p> <p><input type="checkbox"/> Fourth Grade (Age 9 by Sept. 30th)</p>	<p><u>School Service:</u></p> <p><input type="checkbox"/> 2 Day Supplemental Academic Option (Monday & Tuesday)</p> <p><input type="checkbox"/> 3 Day Supplemental Academic Option (Monday, Tuesday, Thursday)</p> <p><input type="checkbox"/> 4 Day Supplemental Academic Option (Monday, Tuesday, Thursday, Friday)</p> <p><input type="checkbox"/> 5 Day Supplemental Academic Option (Monday, Tuesday, Wednesday, Thursday, Friday)</p> <p><input type="checkbox"/> Community Days (Wednesdays)</p> <p><input type="checkbox"/> Assessment and Portfolio Review by a NH Certified Teacher Only</p>
<p><u>Terms</u> (Circle all that apply):</p> <p><input type="checkbox"/> Term 1 (September, October, November)</p> <p><input type="checkbox"/> Term 2 (December, January, February)</p> <p><input type="checkbox"/> Term 3 (March, April, May)</p> <p><input type="checkbox"/> Term 4 (June)</p>	<p><u>Extended Care</u> (Circle all that apply):</p> <p><input type="checkbox"/> Before Care (7:00-8:15): M T W Th F</p> <p><input type="checkbox"/> After Care (2:45-5:30): M T W Th F</p>

Facility Registration Fee: \$50.00

School Supplies Fee: \$150.00 year paid in full or \$55/term

Fee(s) **MUST** be submitted with application to secure your child's spot or billed to Brightwheel. Checks can be made payable to Roots And Wings School and mailed to PO Box 540 New Boston NH 03070. **Fees are non refundable.**

- 2% discount if paid in full for each term.
- 3% discount if paid in full for all terms.
- If a parent joins our co-operative as a support teacher, for each day they teach, Roots and Wings will deduct a "day" from the tuition package for that term as applicable and available. Contact Theresa for more information.

✕ _____
(Signature)

(Date)

FOR OFFICE USE: Amount: _____ Date: _____ Check #: _____ or Brightwheel