## Sign up fees:

\$50 per afternoon (except \$25 for Just Dance)

\$130 for 3 afternoons

\$250 for 6 afternoons

The fee includes a terrific snack, materials and instruction for the special activity, use of program facilities and supervision from a wonderful staff.

## **About HASP**

The Highlands After-School Program serves children attending Brown, Day and Oak Hill Middle Schools. It's different then other programs because it's geared to meet the needs and likes of middle schoolers. It has a home base at Brigham House, with regular access to the Hyde Community Gym. Transportation is arranged from the middle schools daily. The program is open from school dismissal time until 6:00 p.m. and offers special programs on early release days and designated monthly days. We invite children to join us for exciting sports, arts and crafts, dance and cooking.

HASP is a place to go and hang with friends, make new friends, enjoy activities, and get a head start on homework. Our goal is to make this a happy place for children, teachers, and parents!

## How to sign up

Complete the enrollment form on the opposite page and return with a check to: P.O. Box 610171, Newton MA. 02461.

You may also scan and email the form to our email address: highlandsafterschool@gmail.com and arrange payment at our location or mailing to the address above.

Newton MA. 02461. P	lease provide th	ne following infor	mation, as per the De	=	HASP, P.O Box 610171, ation and Care (EEC) regulations , or national origin.
Child's Name:			Gender:	Nickname:	Age:
Date of Birth:	Grade	_ School Atte	nding in the preser	t year:	
Height:\	<i>are we</i> Weight:	elcome to submi Hair Color:	t a photograph in lieu Eye Color:	of, or in addition to,Skin Tone	
YesNo					
					<del></del>
Parent/Guardian #	· 1 :		Email /	ddress:	
				ess	
Parent/Guardian #	:2:				
Home Address:			 Email <i>A</i>	ddress:	
*If taking medication  This Adult (16+) M	on while at th	e <i>program, ple</i> ly Child:		ation Administration	n Consent and IHCP forms.
Parent/Guardian S	Signature:			Date:	
non-refundable for Please sign and ref	due must be or families w turn this slip w chool Progran	ho are signed vith payment pr n." Questions?	up but do not att	that your child enr end. See rate fee i tendance. Checks c by phone: 617-527.33	an be made out to
Please Mark You	r Preference	By Checking	Box On Left		
[] Friday [] Tuesday [] Thursday [] Wednesd [] Monday		CON ABS BADI	_		
My child,	ove and has	my permission	to participate in t	, will be atte	ending HASP the dates

## JANUARY DROP IN ACTIVITIES

AT THE HIGHLANDS AFTER-SCHOOL PROGRAM





Friday January 10:
JUST DANCE PARTY AT THE HYDE



Thursday, January 16: ABSTRACT PAINTING



Tuesday January 14:
MINUTE TO WIN IT/ JEOPARDY



Wednesday January 22: BADMINTON AT THE HYDE GYM



Monday January 27: TERRARIUMS