

After School Program Registration Form

Student's Name _____ Grade _____

Home Address _____

Home Phone _____

Parent's Name(s) _____

Business Phone: Mother _____ Father _____

Cell Phone: Mother _____

 Father _____

Please list two individuals or relatives to be called in an emergency who would be authorized to drive your child home if you are not available.

Name _____ Relationship to child _____

Address _____ Phone number _____

Name _____ Relationship to child _____

Address _____ Phone Number _____

Will child require medication at any time between 2:30-6:00? **Yes** **No**

If yes, please explain: _____

Does child have any food allergies? **Yes** **No**

If yes, please explain: _____

Additional pertinent medical information on file in the Health Office will be shared with the teachers.

Physician's Name _____ Phone _____

Costs:	Hourly	Daily (3 hours)	Weekly (5 days/3hours)
• 1 child	\$7	\$21	\$95
• 2 children	\$12	\$36	\$165
• 3 children	\$15	\$45	\$195

A one-time Registration Fee of \$25.00 is due with this form.

Who will pick up your child? _____

Please note: If your child is not picked up by 6:00PM, a late fee of \$5.00 per 15 minutes or part thereof will be charged per child.

Parent's Signature: _____ Date: _____

