

**AFTER-SCHOOL PROGRAM  
REGISTRATION FORM**

Child(ren)'s  
Name(s) \_\_\_\_\_ GRADE \_\_\_\_\_  
\_\_\_\_\_ GRADE \_\_\_\_\_  
\_\_\_\_\_ GRADE \_\_\_\_\_

PARENT/GUARDIAN'S  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME PHONE# \_\_\_\_\_  
WORK PHONE# \_\_\_\_\_  
CELL PHONE# \_\_\_\_\_

*A registration fee of \$10.00 per child must be attached for any student who is registering for the program.*

**PLEASE LIST BELOW THE NAME OF THE PERSON OR PERSONS AUTHORIZED BY YOU TO PICK YOUR CHILD UP FROM THE AFTER CARE PROGRAM.**

NAME \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_ Phone# \_\_\_\_\_  
\_\_\_\_\_ Phone# \_\_\_\_\_

- To avoid additional charges, please be sure your child(ren) is/are picked up promptly at or before 6:00 p.m. A fee of \$10 per child for every 15 minutes left after 6:00 p.m. will be charged.
- If a child is not picked up from school ***within 10 minutes*** after dismissal, the child will be brought to the After-School Program and the per day fee will be applied.
- After-School payments are due on the first day of attendance each week.

Please tell us if your child has any special medical problems or if physical activity is limited in any way. It is important for us to know this as your child is with us for several hours each day.

Child's Name \_\_\_\_\_  
Condition \_\_\_\_\_

Child's Name \_\_\_\_\_  
Condition \_\_\_\_\_

Child's Name \_\_\_\_\_  
Condition \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_