

AFTER-SCHOOL PROGRAM REGISTRATION FORM September 2024 – June 2025

Child(ren)'s	•	
	GRADE	
	GRADE	
	GRADE	
PARENT/GUARDIAN'S		
NAME		
HOME DHONE#		
WORK PHONE#		
CELL PHONE#		
registering for the PLEASE LIST BELOW THE NA	000 per child must be attached for an program. Afterschool Phone# 718 AME OF THE PERSON OR PERSONS AUTION THE AFTER CARE PROGRAM.	3-849-3848
	Phone #	
TVI MVIE	Phone#	
	Phone#Phone#	
6:00 p.m. A fee of \$10 perIf a child is not picked up fr	s, please be sure your child(ren) is/are picked up per child for every 15 minutes left after 6:00 p.m. wiscom school within 10 minutes after dismissal, the end the per day fee will be applied.	ll be charged.
• After-School payments are	due on the first day of attendance each week.	
	special medical problems or if physical activity is your child is with us for several hours each day.	
Child's Name		
Child's Name		
Condition		
Child's Name		
CONGRUON		

Date _____

PARENT/GUARDIAN'S SIGNATURE