

After-Care Registration

Student Name: _____ Grade: _____

Father: _____ Mother: _____

Father phone: _____

Mother phone: _____

Year registering: _____

People other than parents authorized to pick child up:

_____ phone: _____

_____ phone: _____

_____ phone: _____

_____ phone: _____

Please list any special health issues: _____

Does your child have medication in the office? ___yes ___no

Other helpful information: _____

Do you want us to help your child with his/her homework? (please circle) YES NO

After-care charges: \$15.00 per day. If student stays 4 or more days, the weekly rate of \$55.00 will apply.