



# BEFORE & AFTER SCHOOL

REGISTRATION / CONTACT FORM

2020-2021

**Student Information**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

**Contact Information**

**Parent 1**

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Employer \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_

**Parent 2**

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Employer \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_

**In the event of an emergency, and I cannot be reached, the following persons should be contacted and have permission to pick up my child(ren):**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Are there any medical concerns the staff of the Before/After School Program should be aware of?**

\_\_\_\_ Yes or \_\_\_\_ No

**PLEASE EXPLAIN:**

**Before/After School charges are billed monthly through FACTS Tuition Management System. You will receive an email when charges have been added to your FACTS account. Payment is expected within 14 days of charges posting.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**For staffing purposes only please fill in the approximate days you expect your child(ren) to attend the B/A School program.**

**Program Rates:**  
 Before School 7:00am-8:00am \$6.00/day  
 After School 3:00pm-4:00pm \$6.00/day  
 3:00pm-5:30pm \$14.00/day

Program	Mon	Tue	Wed	Thur	Fri
Before School					
After School <b>3:00-4:00pm</b>					
After School <b>3:00-5:30pm</b>					
Occasional Drop In					

