



BEFORE & AFTER SCHOOL

REGISTRATION / CONTACT FORM

2016-2017

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 bills are generated monthly for days your child(ren) attended. Payment is expected by the 15th of the month. If full payment is not received your child(ren) may not be eligible to continue to attend the program.

Parent/Guardian Signature _____ Date _____

Program Rates:
 Before School 7:00am-8:00am \$5.00/day
 After School 3:00pm-4:00pm \$5.00/day
 3:00pm-5:30pm \$12.00/day

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

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

