

**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.**

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 <b>3:00-4:00pm</b>					
After School <b>3:00-5:30pm</b>					
Occasional Drop In					

