

**RACA After School Program / Morning School Program  
Registration Form 2021-2022**

**Registration Fee \$50 per family  
Morning School: 7:00-7:45 a.m.  
After School: Dismissal – 6:00 p.m.**

**1 - Children**

Grade

_____	_____
_____	_____
_____	_____

**2 - Home Address**

\_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Primary Email \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone \_\_\_\_\_

**3 - Who else may pick up your child(ren) from After School?**

Name

Relationship to child

_____	_____
_____	_____

**4 - If parents cannot be reached, please call the following person in case of emergency:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to child(ren) \_\_\_\_\_

**5 - Chronic Medical Conditions** \_\_\_\_\_

**6 - Any Food Allergies?** \_\_\_\_\_

**7 - Please select from the following Registration options:** Registration Form and Fee required for all options

**After School, Monthly:** Choice A) 3 days \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_

Choice B) 4 days \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_

Choice C) 5 days \_\_\_\_\_ Monday – Friday, every week

Choice D) 3:30 p.m. / 5 days Rate \_\_\_\_\_

**Daily Rate:** Choice E) Occasionally, as needed \_\_\_\_\_

**Morning School, Monthly:** Choice F) 5 days **with** Monthly After School Program \_\_\_\_\_

Choice G) 5 days **without** After School Program \_\_\_\_\_

**Daily Rate:** Choice H) Occasionally, as needed \_\_\_\_\_

**For Office Use Only:** Reg. Fee Paid Date: \_\_\_/\_\_\_/\_\_\_ CK#, MO#, FACTS \_\_\_\_\_ Rate: \_\_\_\_\_