

**After School Program / Morning School Program
Registration Form 2020-2021**

Registration Fee \$50 per family

Children _____

Grade _____

Home Address _____

Primary Phone Number _____ Primary Email _____

Parent/Guardian 1 _____ Cell Phone _____

Email: _____ Work Phone _____

Parent/Guardian 2 _____ Cell Phone _____

Email: _____ Work Phone _____

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

Name _____

Relationship to child _____

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

Name _____ Phone Number _____

Relationship to child(ren) _____

Chronic Medical Conditions _____

Any Food Allergies? _____

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

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

Choice B) 4 days _____ **Circle:** 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: Registration Fee Paid Date: ___/___/___ CK#/MO# _____

Monthly Rate: \$ _____ or Daily Rate _____