

Before-School / After-School Program Registration and Emergency Form

Please check one or both:

_____ I am registering my child for Before-School Care (\$5 per day per family. No registration fee for Before-School Care.)

_____ I am registering my child for After-School Care.

\$20 REGISTRATION FEE FOR AFTER-CARE MUST BE INCLUDED WITH THIS REGISTRATION FORM

_____ After-Care Option # 1: 3:00 p.m. - 5:30 p.m. \$10/day or \$45/week for one child; \$15/day or \$65 a week per family.

_____ After-Care Option # 2: 3:00 p.m. - 3:30 p.m. \$2/day or \$10/week for one child; \$3/day or \$12 a week per family.

Child's Name: _____ Gender: _____ DOB: _____ Grade/Sept. 2011: _____

Child's Name: _____ Gender: _____ DOB: _____ Grade/Sept. 2011: _____

Child's Name: _____ Gender: _____ DOB: _____ Grade/Sept. 2011: _____

1. Parent/Guardian Name _____ Email _____

Home Address _____ Phone _____ Cell _____

Business Address _____ Phone _____ Cell _____

2. Parent/Guardian Name _____ Email _____

Home Address _____ Phone _____ Cell _____

Business Address _____ Phone _____ Cell _____

IN CASE OF ILLNESS, ACCIDENT OR SERIOUS INCIDENT:

In the event of apparently serious illness, accident or incident, when I cannot be reached I want one of the following to be notified by telephone. The individuals listed below have signed their names on this form and are authorized to act in my absence and may release my child from the school if necessary.

1.	Name	Address	Phone/Cell #	Signature
_____	_____	_____	_____	_____

2.	Name	Address	Phone/Cell #	Signature
_____	_____	_____	_____	_____

The following person(s) **may not call** for my child: _____

HOSPITAL / DOCTOR If one of the above cannot be reached, I want my child to be taken to _____ Hospital and the following doctor notified: _____

Name

Phone

Special Instructions

Allergies/Other _____

I understand and agree to the costs and conditions involved in this program.

Parent Signature _____ **Date** _____