



Aftercare is provided Monday through Friday 2:00pm to 5:00pm. If child is picked up after 5:00pm an additional \$10 for each 15 minute of late arrival. Payment of \$35 per week is due the first day of the week.

Please Print STUDENT INFORMATION

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_Female \_\_\_Male

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

PARENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: Cell (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ Work (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Please indicate days needed \_\_\_Mon. \_\_\_Tues. \_\_\_Wed. \_\_\_Thurs. \_\_\_Fri.

Authorized Person(s) for Pick-Up (not including parent above: Must be on list and have ID to pick up.

Authorized Person #1 First/Last Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Authorized Person #2 First/Last Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Authorized Person #3 First/Last Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

