



Before and After School Application

Student: _____ D.O.B: _____

Address: _____

Telephone: _____ School: _____ Grade: _____

Mother: _____ Business Phone: _____
Cell Phone: _____

Father: _____ Business Phone: _____
Cell Phone: _____

Name of Person in your child's school who could serve as a contact

Person: _____

School Phone Number: _____

Pediatrician or Family Doctor: _____ Phone: _____

In Case of an Emergency and a parent cannot be reached at the above numbers

Contact:

Name: _____ Phone: _____ Relationship: _____

Registration for Returning Students - \$60.00

Registration for New Students- \$80.00

This registration form must be accompanied by the non-refundable registration fee and \$250.00 security deposit.

Check which program you're child will be attending:

Before School _____ After School _____ Before/After School _____

Parent Signature _____ Date: _____