



REGISTRATION FORM

STUDENT INFORMATION

Child's Name: _____ Child's _____

DOB: _____ DOB: _____

Address 1: _____

Address 2: _____

PARENT INFORMATION

Parent's Name : _____ Mother Father

Phone: *Work* : _____ Cell : _____

Email : _____

Parent's Name : _____ Mother Father

Phone: *Work* : _____ Cell : _____

Email : _____

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS)

Emergency Contact #1 Name : _____

Cell : _____

Emergency Contact #2 Name : _____

Cell : _____

Authorized person to whom your child may be released (**OTHER THAN PARENTS**) :

1. _____ 2. _____

EMERGENCY CARE INFORMATION

Family Doctor : _____ Phone Number : _____

Are your child's immunizations up to date?

Yes No

Does your child have any allergies?

Yes No

If yes, please list, along with possible reactions:

Does your child have health concerns or take regular medication?

Yes No

If yes, explain: _____

I give the permission to provide emergency Child First Aid care,

Yes No

to contact 911 if needed and pay the fee

OUT OF SCHOOL CARE PROGRAM

Choose:

Before After Before & After

- **Before:** The monthly fees are **230\$**. This program runs from 7am to 8:30 am and includes 9 PD days.
- **After:** The monthly fees are **350\$**. This program runs from 3:20 to 6 pm (12:30 pm to 5pm on Friday and PD days) and includes 9 PD days.
- **Before & After:** The monthly fees are **435\$**. Including 9 PD days.
- **Professional day (Pd Days):** 65\$
- **Non-refundable annual registration fees to reserve your spot:** 50\$ per family

Monthly fees are due on the 1st of the month and no credit is provided for missed days. **A penalty of 15\$ for the first 15 minutes\child and 30\$ for every 15 minutes interval thereafter will be charged if the children are not picked up by 6pm (5pm on Friday and Pd days).**

REGISTRATION DATE AND SIGNATURE

I hereby declare that the information I have provided is correct, that I have read and understand the Registration Form, agree to pay all registration fees and follow the stated guidelines and policies.

Signature

Date