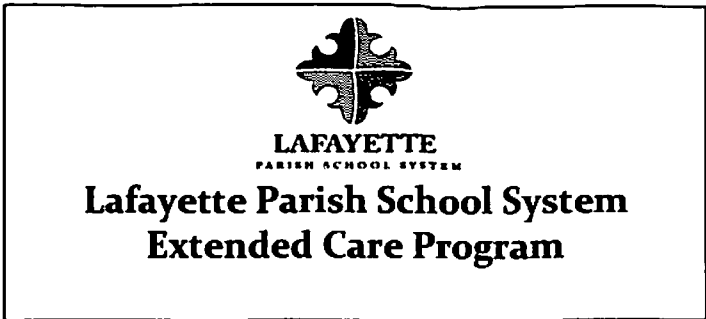


Student Start Date: \_\_\_\_\_  
Student Withdrawal Date: \_\_\_\_\_



Monthly rates are as follows:  
PM only - \$125.00  
AM only - \$ 50.00

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Apt# City State Zip

Mother's Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Siblings currently in the After-Care Program (Please indicate full name and grade): \_\_\_\_\_  
\_\_\_\_\_

The following people are allowed to pick up my child:  
\_\_\_\_\_  
\_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Your child will only be allowed to leave with the persons listed on this form. A pictured ID is required to check out a student. Written notification is required in order to change the way a child goes home in the afternoon. Transportation must be provided by parent/guardian. Also, a fee of \$1.00 per minute, per child will be charged for all children picked up after the program closes.**