

Attn: Give to Lori Smither or Kim Ballantyne

**Preschool Aftercare Registration Form
2018-2019**

Preschool Aftercare Hours of Operation: 2:20 p.m. - 5:30 p.m.



Name: _____ **Birthdate:** _____

(Please list phone numbers where you may be reached during the hours of 2:20 p.m. - 5:30 p.m.)

Parent 1: _____ **Work Phone:** _____ **Cell#** _____
(Name)

Parent 2: _____ **Work Phone:** _____ **Cell#** _____
(Name)

Guardian: _____ **Work Phone:** _____ **Cell#** _____
(Name)

Email 1: _____ **Email 2:** _____
(Please Print Clearly) (Please Print Clearly)

Who may pick up your child? _____

Does your child have any allergies? _____ *Please explain if special requirements are needed:* _____

Days your child plans on attending our Aftercare program: _____

What time do you expect to pick up your child in the afternoon? _____

Application Fee: \$30

Payment of \$60 a week or \$20 per day for drop-in is charged to your account.

****TO PARTICIPATE IN OUR PROGRAM, CHILDREN MUST BE AGE 3-5 AND POTTY-TRAINED****