



After School Enrichment Program

I am registering my child _____ for the After School Enrichment Program

Signed _____ Date _____

Parents/Guardian _____ Phone # _____

Does your child have any allergies? _____

In case of emergency, please call: Name _____

Phone # _____ Relationship to child _____

Please list the people you will allow to pick up your child:

Name:	Phone:	Relationship to child:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ \$3.50 per half hour / or \$15 per afternoon (whichever is more cost effective).

_____ \$60 per week

