



**BEFORE & AFTER CARE REGISTRATION FORM
2026–2027 School Year**

Child's Name: _____

Date of Birth: _____

Class/Teacher: _____

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

Enrollment Selection (choose one):

- Before Care Only — \$250/month
- After Care Only — \$500/month
- Before & After Care — \$700/month

Authorized Pick-Up (other than parent):

1.

2.



Emergency Contacts:

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Terms & Conditions:

- Monthly fees reserve your child's spot and are not prorated based on attendance.
- Schedule changes must be requested in writing and take effect the following month.
- Late pick-up fees may apply for pick-ups after program hours.
- Payment is due on the 1st of each month.

Parent Signature: _____

Date: _____