



**BOYS & GIRLS CLUB
OF LAKE SHORE**

26/27 School Year
Morning Program School Child Care
Enrollment Form
(fill out 1 per member)

Child's First and Last Name: _____ Grade: _____

Guardian's First and Last Name: _____

Phone #: _____ Email address: _____

1. I understand that I am enrolling my child for the Boys & Girls Club of Lake Shore registered **Morning Program for grades Pre-K - 8**. This program is located at W.T. Hoag Educational Center 42 Sunset Blvd. Angola, NY 14006 for the 26/27 school year.
2. The program starts at 6:30 am and ends at 8:30 am for Pre-K and at bus pick up time for grades K-8.
3. Please select enrollment option:
 4-5 days per week: \$205 per month
 2-3 days per week: \$165 per month
 1 day per week: \$98 per month
4. Please circle the days your child will attend:

M T W Th F
5. I understand that the Morning Program is open according to the official school calendar of the Lake Shore Central School District and is closed during holidays, breaks, and inclement weather days.
6. I understand that I am responsible for the above chosen monthly fee, which **is due on the 1st day of each month. A 20.00 late charge will be applied for any late payments.**
7. I agree to adhere to the stated policies and procedures of the School Age Program as stated here and give my child permission to participate fully in this program.

Signature

Relationship to Child

Print Name

Date