



**BOYS & GIRLS CLUB
OF LAKE SHORE**

26/27 School Year
After School Junior's 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: _____

- I understand that I am enrolling my child for the Boys & Girls Club of Lake Shore registered **After School Junior's Program for grades Pre-K and K only**. This program is located at W.T. Hoag Educational Center 42 Sunset Blvd. Angola, NY 14006 for the 26/27 school year.
- The program starts at 2:30pm for Pre-K or bus arrival for grade K until 6pm. **There is a fee of \$10.00 for every 15 minutes after 6pm your child is with us.**
- Please select enrollment option:
 - 4-5 days per week: \$270 per month
 - 2-3 days per week: \$216 per month
 - 1 day per week: \$108 per month
- Please circle the days your child will attend:

M T W Th F
- I understand that the After School Junior's Program is open according to the official school calendar of the Lake Shore Central School District and is closed during holidays, and inclement weather days. Depending on staff and building availability the program may be open during school breaks and non school days. If open a sign up will be sent out to parents and an additional separate fee will apply.
- 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.**
- 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