

FBCS 2016 -17 AFTER SCHOOL CARE REGISTRATION FORM

Date: Mo _____ / Day ____ / Yr 20_____

Hours: 3:00 – 5:30 p.m. Monday – Friday

Cost: Full-time: \$190/month (Mon. - Fri.) , \$230/month for non-FBCS students

Part-Time: \$150/month (up to 3 days), \$180/month (up to 3 days) non-FBCS students

Drop-in fee: \$25/day (not registered in after care program)

After 5:30 p.m. late pick up fees: \$1.00 each additional minute after 5:31 p.m.

Student: Last: _____ **First:** _____ **Gr:** _____

F/T _____ P/T _____ If part time, circle which days: M T W Th F (up to 3 days)

Mother's Name:

Father's Name:

Cell: _____ Work: _____ Cell: _____ Work: _____

Names of persons picking up your child (other than parents):

1. _____ /Relation: _____ Ph# _____

2. _____ /Relation: _____ Ph# _____

Emergency Contact:

Name: _____ Cell: _____ Work: _____

Medical Information:

Allergies: Y N if yes, please list below or other Medical Conditions to be aware of:

***NOTE:** School office & school counselor **MUST** be notified when child is withdrawn from after school care, **OR YOU WILL CONTINUE TO BE BILLED.**

Payment must not fall more than one month behind in order to have your child continue in the afterschool care program.

I have read & agree upon all above information:

Signature _____