

FBCS 2022-23 AFTER SCHOOL CARE REGISTRATION FORM

Date: _____ / _____ / _____
Mo. Day Year

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

Cost: Full-time: \$190/month (Mon. - Fri.)

Part-time: \$150/month (up to three days)

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

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

Student Name: **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: Please circle one: Yes / No - If yes, please list below or other Medical Conditions to be aware of:

***NOTE:** School office MUST be notified when child is withdrawn from after school care, in order to avoid accumulating ASC fees.

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:

Print name: _____ Signature: _____

c/ascshreddocs/school/afterschoolcare