



## **AFTER CARE REGISTRATION FORM 2025-2026**

**Form should be submitted to Homeroom Teacher**

**Student Name:** \_\_\_\_\_

**Homeroom:** \_\_\_\_\_

My child will be utilizing after care services for: (Please select one)

☐ The month(s) \_\_\_\_\_. These services will be billed the monthly After School Care fee.

Or

☐ The following date(s): \_\_\_\_\_. These services will be billed the hourly After School Care fee.

If parents will not be picking up the student in After Care, please indicate name, relation and phone number of the persons authorized to pick up:

**Name**

**Relation**

**Phone Number**

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Parent's Agreement: I state that I have read the After School Care Policies and Procedures on PlusPortals. I am aware that after school care services will be billed via FACTS Tuition Management. I understand my financial responsibility to the school and agree to abide by them.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_