



AFTER CARE REGISTRATION FORM 2026-2027

Form should be submitted to the 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 the name, relation, and phone number of the person authorized to pick up:

Name

Relation

Phone Number

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 it.

Parent Name: _____

Parent Signature: _____

Date: _____