



AFTER CARE REGISTRATION FORM 2018-2019

Form should be submitted to Homeroom Teacher
(Teachers- submit form to
Ms. Lily Bolivar - After Care Supervisor)

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:

<u>Name</u>	<u>Relation</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____

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: _____

