



## 2024-2025 REGISTRATION FOR AFTER-SCHOOL CARE

Name(s)Child/Children \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

Home/cell phone # \_\_\_\_\_

HomeAddress: \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Mother's daytime phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's daytime phone # \_\_\_\_\_ Cell# \_\_\_\_\_

Parents Email Addresses: \_\_\_\_\_

**Regular Hours:** Monday, Tuesday, Thursday, Friday 3:15pm-6pm

\* Wednesday 1:45pm-6pm

**Special Hours:** Specified half-days from 12:15pm-6:00pm

**Regular Charges:** \$20.00 per day per child

\$10.00 charge for any student staying less than an hour OR students who participate in ANY after school activity

**Special Charges:** \$1/per minute late fee for any student picked up after 6:00 PM

Full daily charge for child picked up without a sign-out by Parent/Guardian or authorized person listed on this form.

**Special Note:** If a daycare bill has become thirty days delinquent your child/children will not be eligible for daycare.

### **MEDICAL Information, if needed, by after-school care supervisor:**

Name(s)Child/Children \_\_\_\_\_

Medical problem \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian must send medicine along with a signed authorization note before the after-school supervisor can administer any medication for a chronic condition; the parent/guardian will need to complete an official school medical form for the file of the after-school supervisor.

Direct Line to After-School Care Classroom: 310-329-7170 ext. 407 Please sign agreement on back

**PARENT/GUARDIAN AGREEMENT FOR 2024-2025 AFTER -SCHOOL CARE**

I AUTHORIZE THE FOLLOWING PERSON(S) TO SIGN OUT MY

CHILD/CHILDREN: Child/Children

Name(s)\_\_\_\_\_

\_\_\_\_\_

1. \_\_\_\_\_

Name (print) Relationship Phone # Home & Cell

2. \_\_\_\_\_

\_\_ Name (print) Relationship Phone # Home & Cell

3. \_\_\_\_\_

\_\_ Name (print) Relationship Phone # Home & Cell

4. \_\_\_\_\_

\_\_ Name (print) Relationship Phone # Home & Cell

(FOR ANY EXCEPTIONS TO THE ABOVE, THE PARENT/GUARDIAN MUST PHONE THE SCHOOL OFFICE BEFORE NOON ON THE DAY OF THE TEMPORARY CHANGE)

**RE: FINANCIAL OBLIGATION**

Because the after-school care program is primarily a service to those parents/guardians who need additional supervision for their children. I know that the school cannot afford to track late day-care accounts.

I am also aware that my child/children will not be eligible for after-school care if my bill has become delinquent and that I must, in that case, pick up my child/children within fifteen minutes after the school dismissal.

Therefore,

I AGREE TO PAY AFTER-SCHOOL CHARGES WITHIN ONE WEEK AFTER BILLING

SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_

