

Corpus Christi After School Program Registration Form

Family Name: _____

Child Name	M/F	DOB	Circle Status & Circle Days	
_____	M/F	/ /	FT/PT	M T W Th F
_____	M/F	/ /	FT/PT	M T W Th F
_____	M/F	/ /	FT/PT	M T W Th F
_____	M/F	/ /	FT/PT	M T W Th F

NOTE: Full-time Status is a flat fee paid over ten months. You should register for Full-time status if your child will use the program for more than 9 hours per week. You should register for part-time if your child will use less than 9 hours per week.

NOTE: Full-time and Part-time rates status CANNOT be changed after the first billing cycle.

Family Contact Information

Parent's/Guardian's Name: _____

Address: _____
Street Town Zip Code

Email #1: _____

Father

First & Last name: _____

Place of employment: _____

Cell Phone number: _____

Mother

First & Last name: _____

Place of employment: _____

Cell Phone number: _____

Pick-up & Emergency Contact

First & Last Name	Phone Number	Relationship to Child

Any medical concerns or allergies: _____

NOTE: With the exception of emergency medication the After School Director and/or staff are not authorized to administer any over the counter or prescription medication during after school hours.

I have read the After School Program Policy Handbook and I have discussed it with my child/children. I understand my obligation to cooperate in enforcing the rules and regulations stated in this handbook and in having my child/children abide by these rules.

Signature of Parent/Guardian_____

Date: _____