

CELEBRATE THE CHILDREN
AFTER SCHOOL PROGRAM- Winter 2020

REGISTRATION FORM

Student's Name										
Date of Birth:		Age:								
Parent/ Guardian's Name										
Home Address										
Home Phone										
Work Phone										
Cell Phone										
Emergency Contact Name										
Emergency Contact Number										
Physician's Name & Number										
Allergies										
Who will be picking up your child?	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="text-align: center;">Bus – Parent – Other</td> </tr> <tr> <td>Bus Company Name:</td> <td style="text-align: right;">Bus Company Contact #:</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td colspan="2">Other: _____</td> </tr> </table>			Bus – Parent – Other	Bus Company Name:	Bus Company Contact #:			Other: _____	
	Bus – Parent – Other									
Bus Company Name:	Bus Company Contact #:									
Other: _____										

Classes for enrollment:

	Day: _____		Day: _____
	Day: _____		Day: _____

PLEASE NOTE: Classes require a minimum of four student enrollments. CTC reserves the right to cancel a class due to insufficient enrollment.

Parent/Guardian Agreement: I understand that the After School Program is outside of school hours and that I am responsible for arranging pick up of my child at 4:45. I understand there will be a late fee of \$25 an occurrence to cover the cost of staffing for late pick ups. I agree to send this signed registration form along with the signed tuition agreement in with my child attn: Kristin Polster by Thursday, April 18.

PARENT/ GUARDIAN:

	Printed Name
	Signature
	Date