



Start Date: _____



Husky Club Aftercare Program Registration

Student's Name: _____

Name Student Prefers: _____ D.O.B. _____

Grade: _____ Homeroom Teacher: _____

Known Allergies: _____

Care needed on the following days: (please circle days care will be needed)

Monday Tuesday Wednesday Thursday Friday

Care will be available from 3:00 to 6:00. Please indicate time care will be needed _____

My child may be picked up by the following people: (**Identification will be required**)

I understand that there is a fee for this service and agree to pay \$6 per hour or \$75 per week with a minimum of \$3 per day (pick-up prior to 3:30).

**If you have additional children, the cost will be as follows for each additional child:
\$30 per week (\$105 for 2 children) or \$6 per child, per hour.**

Payment is due by Friday of each week.

Those prepaying for the week will receive a complimentary 10% discount.

(To receive discount, payment must be received by close of business on prior Friday.)

If child(ren) are not picked up by 6:00, the cost will double for the amount of time a staff member must remain with your child.

Parent signature: _____

Parent Information

Father's Name: _____

Address: _____

Phone number: _____ Alt. Number: _____

Email: _____

Father's Place of Employment: _____

Work Number: _____

Is this person authorized to pick up this child: Y / N

Mother's Name: _____

Address: _____

Phone number: _____ Alt. Number: _____

Email: _____

Mother's Place of Employment: _____

Work Number: _____

Is this person authorized to pick up this child: Y / N

Child(ren) live with: _____ Mother _____ Father _____ Both _____ Other _____

Emergency Contact Information

Name: _____

Address: _____

Phone Number: _____ Alt Phone Number: _____