

**AFTERSCHOOL CENTER REGISTRATION FORM**  
**2016-2017**

CHILDREN'S NAMES \_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ GRADE \_\_\_\_\_

**PLEASE CHECK YOUR CHOICE.**

My child will begin staying in Afterschool on:

{ } Monday, September 12, 2016

{ } Another date, please indicate here \_\_\_\_\_

Scheduled pick-up time will be \_\_\_\_\_

{ } My child will attend Afterschool 5 days per week.

{ } My child will attend Afterschool on the following days  
only \_\_\_\_\_

**PLEASE ENCLOSE YOUR \$10.00 REGISTRATION FEE WITH THIS  
FORM.**

PARENT'S SIGNATURE \_\_\_\_\_

Please indicate any questions below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMERGENCY TELEPHONE NUMBER \_\_\_\_\_