ESCAMBIA ACADEMY
AFTER SCHOOL CARE REGISTRATION FORM

PARENTS: *All of this information is very important. Please fill out carefully and return with signatures at the bottom.*

STUDENT:

Student's Name _____ Grade _____
first middle last

Home address _____
Street City State Zip Code

Home Phone Number _____ Cell Phone Number _____

FAMILY:

Father's Name _____ Work Phone _____

Cell Phone _____

E-mail _____

Place of Employment/Occupation _____

Mother's Name _____ Work Phone _____

Cell Phone _____

E-mail _____

Place of Employment/Occupation _____

In case of emergency _____ Phone _____

(when neither parent can't be reached) Name Relationship

Siblings also in After School Care: _____

Who will pick up your child: _____

_____

_____

Any concerns, medical conditions, or needs the staff needs to be aware of: _____

_____

_____

Mark the days your child will attend After School Care: _____ All Week (Monday – Friday)

Only: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

CHARGE:

Escambia Academy's After School Care Program is offered at $25 per week for the 1st child, $15 for the 2nd child, $10 for the 3rd child and the 4th child is free. The fee is due at the beginning of the week and is the same if the entire week is utilized or if less than a week is utilized—there is no proration of the fee. All students need to be picked up by 5:30 p.m. There is a late pick up fee of $10 for every 5 minutes after 5:30 p.m

I agree to the above charge for my child to enter After-School Care at Escambia Academy.

Parent Signature: _____