

Payment Received: \_\_\_\_\_  
Cash/Check Amount: \_\_\_\_\_  
Check Number: \_\_\_\_\_

**REGISTRATION FORM FOR BEFORE/AFTER SCHOOL CARE FOR  
KINDERGARTEN CHILDREN**

Student Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Authorized Pick-up Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\*\* I have reviewed and I accept the Terms and Conditions of the Before/After School Care for Kindergarten Children\*\*