

Do you have any *family members* who CURRENTLY attend our school?

Yes _____ No _____

If you answered "yes", please provide the relationship, name, and current grade of this student:

Name & Grade: _____

Relationship: _____

Who will be picking your child up from our Afterschool Enrichment Program each day? Please enter the three most likely people to sign them out each day so we are familiar with who to expect when they enter each day:

1) _____

2) _____

3) _____

Please initial on the lines provided below to signify that you have read and acknowledge each statement:

Our Afterschool Program is only \$65 per month per child and is to be paid upon receipt of your billing statement. Payments should be made through electronic billing or to Ms. Brown or Mr. Thomeier directly ONLY.

I have received and acknowledge that my student(s) are to comply with the Afterschool Program handbook.

Parent Printed Name: _____

Parent Signature: _____

Date: _____