

Trinity Lutheran Academy
2017-2018 After School Care Program
Enrollment Form

Child's name _____ Date _____

Address _____ City _____ Zip _____

Phone _____ Birth Date _____ Grade _____

Days the student will attend Aftercare Program

Monday Tuesday Wednesday Thursday Friday

Please circle times that student will be attending the Aftercare Program

3:00 – 4:15 3:00 – 5:15 3:00- 6:00 other _____

Parental Information:

Mother Name: _____ Father Name: _____

Place of Employment _____

Work Phone _____

Driver's License # _____

Cell phone # _____

Person to call in case of emergency:

Name Relationship phone number

PERSONS PERMITTED TO PICK UP CHILD FROM TRINITY

Mother: Yes___ No___ Father Yes___ No___ Stepparent Yes___ No___

Others:

Name Relationship Telephone

Trinity Lutheran Academy
After School Care Contract

We (I) the undersigned do hereby certify this information to be complete and factual. We (I) do hereby agree to fulfill all financial obligations to Trinity Lutheran Academy's After School Care Program.

We (I) understand the \$50.00 registration fee is non-refundable and is not a part of the yearly tuition cost.

We (I) agree to pay _____ for tuition per month. I do understand that tuition must be paid according to the days registered for, not the days in attendance. This fee includes absence for illness or Holidays.

Photograph Release:

I give ___ do not give ___ my permission for my child's picture to be taken and appear in Trinity Lutheran Academy publications, or web-pages.

THIS DOCUMENT IS A BINDING CONTRACT BETWEEN THE UNDERSIGNED AND TRINITY AFTER SCHOOL CARE.

SIGNED

DATE

SIGNED

DATE

