

Before & After School Care Registration Form

<u>Child's Name</u>	<u>Age</u>	<u>Grade</u>	<u>Gender</u>	<u>Date of Birth</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Guardian's Name _____

Address _____ City _____ Zip _____

Home Phone # _____ Cellular Phone # _____

E-mail Address _____

Parents Work _____ Phone _____

Parents Work _____ Phone _____

**** Please circle the primary contact number to call if your child doesn't check in.****

Before Care: 6:45-7:30am

After Care: 3:30-6:00pm

Wednesdays: 12:00-6:00pm

Before & After Care Program - Pick up by 6pm to avoid additional fees (M, T, W, Th, F)

_____ Pay Monthly \$425.00 / \$225.00* (*Qualifying Students) For each additional SIBLING fee will be \$375 / \$175*

Before & After Care Program - Pick up by 6pm to avoid additional fees (M, T, Th, F - DOES NOT INCLUDE WEDNESDAYS)

_____ Pay Monthly \$400.00 / \$200.00* (*Qualifying Students) For each additional SIBLING fee will be \$350 / \$150*

Before Care Only - Begins at 6:45am

_____ Pay Monthly \$100.00 / \$50.00* (*Qualifying Students) For each additional sibling fee will be \$80 / \$30*

Half Day Wednesday Only - Pick up by 6pm to avoid additional fees

_____ Pay Monthly \$100.00

****The fee for late pickup is \$1.00 per minute after 6:00pm per Village Tech Schools time.**

We **only** accept **Cash, Card (with 3% fee), Check or Money order**. All checks must include Date of Birth and Drivers license number. In the event of a returned check a \$30.00 fee will be assessed. If there is more than one check presented that results in a returned check fee then only money orders will be accepted.

****Refund Policy:** Cancellations must be received by the 25th day of the month in order to be eligible for a refund or cancelation of the next months tuition.

(Please complete further information on the reverse side)

Authorized Persons for EMERGENCY CONTACT / Authorized to SIGN children out.

These people will be notified in case of emergency or illness when parents/guardian cannot be reached Village Tech Schools will allow children to be checked out by the following people. If additional space is needed, please use back.

<u>Name</u>	<u>Relationship to Child</u>	<u>Contact Phone #'s</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Doctor's Name: _____ Phone #: _____

Is there any health problems/allergies that would restrict your child's participation in any activities? **Yes** **No**
If yes, please explain:

RELEASE FORMS

Parent/Guardian Signature _____ Date _____

Emergency Medical Release

If emergency medical care is deemed necessary and I cannot be contacted, I authorize the staff to act in my behalf in granting permission for my child to receive emergency treatment. I as the parent/guardian, take full responsibility for the payment of any and all present payment and future medical expenses. I agree to waiver and relinquish all claims my minor child/ward or I may have (or accrue to me or my child/ward) as a result of participating in this program/activity against Village Tech Schools, the State of Texas including its officials, agents, volunteers and employees. By signing this document, I agree to be bound by all conditions of the application.