



PCS BEFORE AND AFTER CARE REGISTRATION FORM 2019/2020

REGISTRATION FEE \$25

STUDENT NAME: _____

GRADE: _____ **TEACHER:** _____

Parent Name: _____

Home Phone: _____ Cell Phone: _____

Parent Name: _____

Home Phone: _____ Cell Phone: _____

EMERGENCY CONTACTS

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Does your child have any special needs, medical concerns or allergies? ___yes ___no

If yes, please explain

*I UNDERSTAND THAT IT IS EXPECTED FOR ME TO PICK UP MY STUDENT ON TIME, **BY 6:00PM** EVERY DAY. IF I ARRIVE ANY TIME AFTER 6:00 PM TO PICK UP MY CHILD, I UNDERSTAND THAT I **WILL BE CHARGED \$1 PER MINUTE** THAT I AM LATE.

PARENT SIGNATURE: _____ **DATE:** _____