



AFTER SCHOOL REGISTRATION

OFFICE USE ONLY
Administrative Fee

Table with 2 columns: AMOUNT PAID, DATE. Includes fields for Cash and Check #.

Hourly Rate: \$6 (billed on half hour)
Billing through your PaySimple Account will occur monthly for the previous months use.

Table with 5 columns: Student Last Name, Student First Name, Date of Birth, Gender M/F, Grade.

Primary Phone Primary Address City State Zip

Father's Name Cell Work Phone

Mother's Name Cell Work Phone

Non-custodial Parent Name Cell Work Phone

Address City State Zip

Additional People Authorized to Pick Up My Student(s)

Name Phone # Relationship to Student

Name Phone # Relationship to Student

List any allergies, medical problems, or dietary needs\*
\* If your child needs an inhaler, epi-pen or medication, these items must be provided to the After School Care program. School medications CANNOT be used.

Organization Name

I agree to pay the After School Program administrative and hourly fees incurred by child(ren). I understand that all fees will be debited from the account I set up for tuition. I understand that if my account has insufficient funds a fee of \$30 will be applied to my account and it is my responsibility to move funds to the authorized account or speak to the financial representative to set up alternative payment arrangements. I also understand that if funds are not received or alternative payments arranged within 3 business days, Crown of Life may have my student(s) serve an out-of-school suspension.

I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature Date