



After School Club Application

Child's First Name: _____ Last Name: _____

Date of Birth: ___/___/___ Parents or Guardian's Name(s): _____

Address: _____ Home Phone #: _____

Mother's Work Phone # _____ Father's Work Phone#: _____

Mother's Cell# _____ Father's Cell Phone#: _____

Family Email: _____

Person(s) authorized to pick up your child / Emergency Contacts: (Person must show picture I.D.)

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

What days will you be needing for After School Care?

Monday Tuesday Wednesday Thursday Friday

The cost of After School Club is as follows:

- \$35 per single day of After School Care
- \$120 per week of After School Care (4 or 5 days)

Does the Crossway Academy Before and After School Club have permission to use photos of your child in educational or promotional materials (including the Crossway Website)? Yes:____ No:____

Please check the following:

- I acknowledge that After School Care is held between the hours of 2:00 and 5:00.
 I acknowledge that, in the case of late pickups, for every 10 minutes after 5:00, I will be charged an additional \$5.00.

Parent or Guardian Signature: _____ **Date:** _____

For Office Use Only

Enroll Date: _____ Initials: _____

Date Disenrolled: _____ Reason: _____