



After School Care Registration Form

Updated: April 16, 2010

This form must be completed and returned with the \$40.00 registration fee and the first month's tuition for each child you are enrolling.

Student Name: _____ Grade Enrolled in at LWCS: _____

Teacher's Name: _____

Father's place of employment: _____

Telephone Number where father can be reached if necessary _____

Mother's place of employment: _____

Telephone Number where mother can be reached if necessary _____

The following individuals are authorized to pick up the above named child, in the event we cannot be there by 6:00 PM.

Name: _____ Telephone Nbr: _____

Address: _____ Cell Phone: _____

City/St/Zip: _____ Driver's License Nbr: _____

Name: _____ Telephone Nbr: _____

Address: _____ Cell Phone: _____

City/St/Zip: _____ Driver's License Nbr: _____

Name: _____ Telephone Nbr: _____

Address: _____ Cell Phone: _____

City/St/Zip: _____ Driver's License Nbr: _____

We understand that After School Care at LWCS will be open only on those days when the school is in session for a full day (students in attendance from 8 AM to 3 PM). On all other days parents must pick up their children at the announced closing time. We also understand that the stated tuition for After School Care is due on the first day of the month, August through May and is not prorated for days missed. Parent's will be assessed a fee of \$3.00 per minute per child if the child(ren) are picked up after 6 PM.

Father's Signature _____ Date: _____

Mother's Signature _____ Date: _____