

**Before / After School Care Enrollment Application
2021-2022**

CHILD'S NAME(S)

(LAST) (FIRST)

(GRADE) (TEACHER) (DOB)

(LAST) (FIRST)

(GRADE) (TEACHER) (DOB)

PARENT INFORMATION:

NAME(S) _____

PHYSICAL ADDRESS _____

MAILING ADDRESS/P.O. BOX _____

PHONE _____
(WORK) (HOME) (CELL)

Your family has utilized this service in the past (Circle one): Yes No
If YES- How often? _____

**** I WOULD LIKE CHILDCARE SERVICES ON THE FOLLOWING DAYS:**
Please circle all that apply.

Before School Care: Mon. Tues Wed. Th. Fri.

Approximate arrival time: _____

After School Care: Mon. Tues Wed. Th. Fri.

Approximate departure time: _____

