Before & After Care Registration

2018-2019

ACADIANA RENAISSANCE CHARTER ACADEMY

For Office Use Only:			
Registration Fee:	$25 per family		
Check:		Cash:	
Date Pd:		Initials:	

Please choose the program that you are registering your child for:

Circle Days of the Week for Part Time:

☐	Before Care Full Time	☐	Before Care Part Time	M	Tu	W	Th	F
☐	After Care Full Time	☐	After Care Part Time	M	Tu	W	Th	F
☐	Before & After Care Full Time	☐	Before & After Care Part Time	M	Tu	W	Th	F

Family Name: _____

Family Address: _____

City: _____ State: ____ Zip: _____

Mother's/ Guardian's Name: _____

Work Number: _____ Cell: _____

Email: _____

Father's/ Guardian's Name: _____

Work Number: _____ Cell: _____

Email: _____

Oldest Child:

Student Last Name: _____ Student First Name: _____

Grade Level: _____ Age: _____ DOB: _____

Sibling 1:

Student Last Name: _____ Student First Name: _____

Grade Level: _____ Age: _____ DOB: _____

Sibling 2:

Student Last Name: _____ Student First Name: _____

Grade Level: _____ Age: _____ DOB: _____

Emergency Contact/ Authorized Pick- Up- ***Must provide 2 additional names other than parents.***

List in order they are to be contacted. Note: Parents will be contacted first.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Family Doctor: _____ Phone: _____

Special Alerts : What information, medical (such as allergies, asthma, or other conditions) and otherwise, do you want those taking care of your child to know about your child?

_____

_____

_____

All payments for Before and After care must be made in advance. Payments are due on the 1st of the month. See chart for monthly rates. For emergency drop-ins, payment must be received on the day of service.

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____