

West Central KARE Program
2017-18 Elementary Before and After School
Registration Form

Child's Name _____ Entering Grade _____ Birth Date _____
_____ Entering Grade _____ Birth Date _____

Parents' Names _____

Home Phone _____ Work Phone (m) _____ (d) _____

Home Address _____ Cell Phone (m) _____
_____ Cell Phone (d) _____

E Mail Address: (m) _____ (d) _____

We offer care Monday – Friday; 7:00-8:00 AM and school dismissal – 6:00 PM on days school is in session. Weeks involving school closings or school breaks will be prorated. Late fees apply after 6:00 PM. ***All children must be registered before attending.***

- _____ I will require full time before school care - \$18 per week
- _____ I will need occasional care before school with advance notice - \$8 per day
- _____ I will need full time after school care - \$43 per week
- _____ I will require part time after school care (up to 7.5 hours per week) - \$38 per week
- _____ I might require occasional after school care with advance notice - \$16 per day

An attendance voucher and payment must be submitted by Thursday of the week prior to attendance.

Which West Central elementary school is your child enrolled? Hartford _____ Humboldt _____
Does your child ride the shuttle bus? Yes _____ No _____

Emergency Contact Name and Phone Number (*not a parent*) and relationship to child:

Does your child have any medical conditions that the KARE staff needs to be aware of?
Yes _____ No _____ If yes, please explain: _____

Please list any persons(s) unauthorized to pick up your child:

Name _____ Relationship to child _____

Name _____ Relationship to child _____

_____ Check if applicable: I need information about applying for state assistance for my child(ren) to participate.