

West Central KARE Program
Elementary Before & After School 2016-17
Registration Form

Child(ren)'s Names (s) _____ Grade _____ Birthdate _____
_____ Grade _____ Birthdate _____
_____ Grade _____ Birthdate _____

Parent's/Guardian/s Name(s) _____

Home Address _____

Phone: Home _____ Work (mom) _____ (dad) _____

Cell: (mom) _____ (dad) _____

Email: (mom) _____ (dad) _____

We offer care from Monday - Friday: 7:00-8:00 AM and 3:30-6:00 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 need 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 need part time after school care (up to 7.5 hrs weekly) - \$38 per week

_____ I will need 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 _____

Does your child(ren) have any medical conditions that the KARE staff need to be aware of?

Yes _____ No _____ If yes, please explain: _____

Please list a name and phone number of someone (not a parent) we may contact in case of an emergency and you are unavailable. Name _____

Phone: Home _____ Cell _____ Work _____

Please list any person(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 _____