



# STOREYTIME AFTERCARE

## 2019-2020

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street name Town Zip

Parent 1/Guardian name: \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Address (if different) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Parent 2/Guardian name \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Address (if different) \_\_\_\_\_

Place of Employment \_\_\_\_\_

### Persons to contact if parents cannot be reached

Name \_\_\_\_\_ Relationship \_\_\_\_\_ number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ number \_\_\_\_\_

**Persons living in the home with the child (if sibling list age)**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Medical**

**Name of Physician** \_\_\_\_\_ **phone number** \_\_\_\_\_

**Name of Dentist** \_\_\_\_\_ **phone number** \_\_\_\_\_

**Does your child have any allergies (if yes please list)** \_\_\_\_\_

\_\_\_\_\_

**Please list any other medical concerns that staff should be aware of** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Day(s) of week:**

**Mon** \_\_\_\_\_ **Tues** \_\_\_\_\_ **Wed** \_\_\_\_\_ **Thu** \_\_\_\_\_ **Fri** \_\_\_\_\_

**Tuition Total**    \$ \_\_\_\_\_

There is a non-refundable \$50 fee registration fee to hold your child's spot for Aftercare.

I \_\_\_\_\_ have received a copy of the parent handbook and understand the contents. I agree to the tuition and agree to pay the full amount on the first of each month. If payment is not received within two weeks I understand that this is reason for dismissal. I understand that tuition is based on a ten month program and I am responsible for the set amount each month. If I leave the program I will give a one months' notice. Date: \_\_\_\_\_