



**Before School Program
Registration Form**

Please complete registration form for each child.

Student's Full Name

_____ Last First Middle

Age _____ DOB _____ Grade _____

Home Address _____ City _____

State _____ Zip _____

Parent/Guardian Information

Parent One

Name: _____

Address: *(if different than student's)* _____

Home Phone(____)____ - _____ Cell Phone(____)____ - _____ Work Phone(____)____ - _____

Parent/Guardian primary Email: _____

Parent Two

Name: _____

Address: *(if different than student's)* _____

Home Phone(____)____ - _____ Cell Phone(____)____ - _____ Work Phone(____)____ - _____

Parent/Guardian primary Email: _____

Details

A Registration Fee of \$30 per child is due at time of enrollment.

Monthly payment is due at the beginning of each month.



Please indicate program Choice(s).

Check your Choice(s) in box next to program				Total Amount
	Before School Monthly Rate	\$105.00	Registration fee: \$30 for school year	
Monthly Partial Days Program: Days must remain the same each month.				
	2 day Monthly Rate: Check your 2 days __M, __T, __W, __TH, __F	\$42.00	Registration fee: \$30 for school year	
	3 day Monthly Rate: Check your 3 days __M, __T, __W, __TH, __F	\$63.00	Registration fee: \$30 for school year	

Before School Parent/Guardian Signature Form

Name of Student _____

Payment Agreement

I/We have read the Before School Parent Information Sheet and agree to submit payment on or before due dates.

Please make your check payable to VERITAS Community School, CFA. A receipt/statement will be issued upon payment.



Drop off and Pick Up

____I/We agree to accompany my child into the building for VERITAS' before school program.

Health and Emergency Release

Before School program will refer to the VERITAS Request for Medical/Health Information and Permission to provide First Aid form for student.

Child's Pediatrician_____ Phone_____

Hospital Preference_____

In the event I/We cannot be contacted, I/We authorize the staff at VERITAS to call 911, if deemed necessary, and authorize nearest and available physician and hospital to provide the necessary care to my child. If parent(s)/guardian(s) cannot be contacted, please call:

Name_____ Phone_____ relationship_____

Parent One Signature_____ Date_____

Parent Two Signature_____ Date_____

To be completed by Before School Program.

____Registration Form Received Date ____Payment Amount Received.

____Registration Fee Amount Received

Notes: