

**WORKING PARENTS ALLIANCE  
REGISTRATION FORM**

**NEW ADVENTURES AFTER SCHOOL CENTER 2017-2018**

**APPLICATION DATE:**    /    /2017

<b>CHILD'S FULL NAME</b>	<b>DOB</b>	<b>M/F</b>	<b>SCHOOL</b>	<b>GRADE IN SEPT. 2017</b>	<b>CLASS #</b>

I will be using the After School as follows: (Please circle one)

**2 Days            3 Days                    4 Days                    5 Days**

**List Days here:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip

Mother's Name: \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**Email Address** \_\_\_\_\_

Primary Language Spoken \_\_\_\_\_

Child Lives with: Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other (please specify) \_\_\_\_\_

Emergency Contact (other than parents): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**\*SEE OTHER SIDE\***

Who will be picking up your child from school?

NAME	RELATIONSHIP	PHONE #

AGREEMENT: Carefully read the following and sign.

**I understand that full payment for the After School is required on the 1<sup>st</sup> of each month, with a grace period until the 5<sup>th</sup> of each month. Failure to pay by the 5<sup>th</sup> will result in a \$25 late fee.** If two consecutive months are late, your registration will be revoked. There is a \$20 fee for bounced or stopped checks. The New Adventures After School Center reserves the right, after proper notification to the parent/guardian, to cancel any enrollment and to dismiss a child whose conduct or behavior is deemed inappropriate to the best interests of the program. There will be no refunds given for such dismissal. Refunds cannot be given for missed days due to illness, absence or early withdrawal. I agree to allow my child to participate in all programs and trips which are part of the after school activities. I authorize the center to use my child's photograph in publicity and news at its discretion. I understand that the after school center and its employees are not responsible for any personal items that are lost or damaged at the program. Finally, I understand that Working Parents Alliance, its officers, agents or employees will not be responsible for any accident or injury unless arising out of negligence or willful misconduct of its personnel.

I understand and agree to these terms.

Signature of parent/guardian \_\_\_\_\_

Date: \_\_\_\_\_