

**WORKING PARENTS ALLIANCE
REGISTRATION FORM**

NEW ADVENTURES AFTER SCHOOL CENTER 2017-2018

APPLICATION DATE: / /2017

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

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 1st of each month, with a grace period until the 5th of each month. Failure to pay by the 5th 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: _____