

# Glasgow Middle School After Care

2018-2019 School Year

## REGISTRATION FORM

### PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:  Female  Male Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent email: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Mother's day phone: \_\_\_\_\_ Father's day phone: \_\_\_\_\_

Mother's cell: \_\_\_\_\_ Father's cell: \_\_\_\_\_

Individuals Authorized to pick up child:

\_\_\_\_\_  
(A picture ID may be required for pickup)

Emergency contact\*: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Payments:** Fees must be paid by cash or money order.

#### Fees:

- **Registration Fee: \$20 (one time fee for 2018-2019 school year)**
- **Monthly Rate: \$40 per week**
- **Weekly Rate: \$45**
- **Daily Rate: \$10**
- **Late Fee: \$1 per minute for every minute late beginning at 6:00pm**
- **Multiple sibling discounts are available**

#### Contact Information

For more information, contact Dr. Kelly McFatter at 225-925-2942 or [kmcfatter@ebschools.org](mailto:kmcfatter@ebschools.org)

#### PICK UP TIMES

Pick up time:

- Prior to 6pm
- A \$1 fee will be charged for every minute late.

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_