

Glasgow Middle School After Care

2019--2020 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 2019-2020 school year)**
- **Monthly Rate: \$40 per week**
- **Weekly Rate: \$45**
- **Daily Rate: \$10**
- **Late Fee: \$1 per minute for every minute late beginning at 5:30 pm**
- **Multiple sibling discounts are available**

Contact Information

For more information, contact Dr. Kelly McFatter at 225-925-2942 or kmcfatter@ebschools.org

PICK UP TIMES

Pick up time:

- Prior to 5:30 pm
- A \$1 fee will be charged for every minute late.

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____