

# Glasgow Middle School After Care

## 24-25 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, money order, or online.

**Fees:**

- **Registration Fee: \$50 (one time fee for 2024-25 school year)**
- **Monthly Rate: \$50 per week**
- **Weekly Rate: \$50**
- **Daily Rate: Not available**
- **Multiple sibling discounts are available**

#### Contact Information

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

#### PICK UP TIMES

Pick up time:

- Prior to 4:30pm

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