

DANCE WITH STACEY 2016-2017

AFTERSCHOOL REGISTRATION FORM

NAME _____ AGE ____ BIRTHDATE _____

SCHOOL _____ GRADE _____ TEACHER _____

1ST PARENT NAME _____ CELL# _____

EMAIL: _____

2ND PARENT NAME _____ CELL# _____

EMAIL: _____

ADDRESS _____ HOME# _____

CITY/ZIP _____

EMERGENCY CONTACT : _____ CELL# _____

PERSON'S AUTHORIZED TO PICK-UP: _____

ANYONE NOT ALLOWE TO PICK-UP: _____

PAPERWORK ON FILE: YES NO N/A DATE REC'D: _____

ANY FOOD ALLERGIES OR MEDICAL CONCERNS : _____

*PLEASE READ AND FAMILIARIZE YOURSELF WITH OUR ENTIRE POLICY.
YOU MUST SIGN AND INTIAL ALL PARTS BELOW:*

I HAVE READ THE POLICY INFORMATION AND UNDERSTAND IT AND
WILL PAY THE CORRESPONDING FEES IF I DO NOT ABIDE.

(PLEASE INTIAL AND THEN SIGN)

WEEKLY FEE: _____ NO SCHOOL/ED DAYS _____ SNOW POLICY _____

WITHDRAWAL: _____ ABSENCES: _____ LATE PAYMENTS: _____ PICK-UPS _____

DATE: _____ SIGNATURE _____