

The Galloway School 2017-2018

Before and After Care Enrollment Form

RETURN FORM TO FRONT OFFICE

Student (1) Name _____

Teacher _____

Student (2) Name _____

Teacher _____

Student (3) Name _____

Teacher _____

Circle Grade(s) **PK3** **PK4** **K** **1** **2** **3** **4** **5**

Mother's Name: _____

Phone # _____

Father's Name: _____

Phone # _____

Student (1) allergies: _____

Student (2) allergies: _____

Student (3) allergies: _____

Pick-up Information:

The following person(s) are responsible for picking up my child (if different from parent names above):

Name: _____

Phone# _____

Name: _____

Phone# _____

My student(s) WILL participate. Check all that apply and circle the days per week child will regularly attend.

Before Care (No Charge, door opens at 7 a.m. Students are sent to class at 7:45 a.m. Breakfast not provided)

After Care Half-Time **M** **T** **W** **Th** **F**

After Care Full-Time **M** **T** **W** **Th** **F**

If your child chooses to participate in an after-school clubs during the school year, you will not be charged for the time the child is not in after care. You will need to make the after-care workers aware of the days your child will participate in those clubs and if they will be coming to after care once those clubs are dismissed at 5:00p.m.

AFTER CARE 3:45-6:30 p.m. WEEKLY RATES

# of Students	Half-Time <small>(less than 7 hours)</small>	Full-Time <small>(more than 7 hours)</small>
1 student	\$30	\$60
2 students	\$50	\$100
3+ students	\$70	\$140

After Care charges will be billed through your **FACTS account**.
NOTE: Before care students should be dropped off **NO EARLIER** than 7am and picked up **NO LATER** than 6:30pm from the front (library) entrance.

Mothers Signature _____

Date _____

Fathers Signature _____

Date _____