

Central Elementary Cub Care 2018-2019 Before/After School Program

Student Name _____ Student ID# _____
Legal Last Name First Name Middle Initial

Grade for 2018-2019 _____ Homeroom Teacher _____
(leave blank if unassigned for 2018-2019)

CUB CARE START DATE: 8/16/18 or _____

(Please indicate the date your child will begin attending Cub Care, if different from the first day of the school year)

_____ Before and After Care	\$65.00 per week
_____ Before Care Only (7:30 am-8:45 am)	\$31.25 per week
_____ After Care Only (4:00 pm-5:30 pm)	\$37.50 per week
_____ Drop-In Only	\$10 per day (AM), \$15 per day (PM)

Date of Birth ____ / ____ / ____ Male ____ Female ____

Address _____

City _____ Zip Code _____ Home Phone _____

Parent/Legal Guardian(s) living with student:

1. Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail address _____

2. Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail address _____

Emergency Contacts: (Additional people who are allowed to pick up your child)

1. Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

2. Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

3. Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

I agree to abide by the payment schedule and policies of Central Elementary Cub Care.

Signature _____ Date _____

A NON-REFUNDABLE ENROLLMENT FEE OF \$30 FOR THE FIRST CHILD PLUS \$15 FOR EACH ADDITIONAL CHILD IS REQUIRED UPON ENROLLMENT.