

Grade level of student(s) for
2019-2020: _____

2019-2020 Wolf Den Enrollment Form

(Before and After School Program)

(Select one)

____ Before Care Only 7:30-8:45 a.m.

____ After Care Only 4:00-5:45 p.m.

____ Both Before and After Care

Full Name (Student): _____
Legal Last Name *First* *Middle*

Resident Address: _____
City *State* *Zip*

Home Phone (____) _____

(1) Parent/Guardian Name _____
Last *First* *Middle*

Relationship to student: _____

Cell(____) _____ Home(____) _____ Work(____) _____

Email address: _____

(2) Parent/Guardian Name _____
Last *First* *Middle*

Relationship to student: _____

Cell(____) _____ Home(____) _____ Work(____) _____

Email address _____

Emergency Contacts (Please list in order that they are to be contacted and will also have permission to pick up your child at the end of the session.)

Name:	Relation to Student:	Home number	Cell number

**** Please include enrollment fee at time of enrollment.**

\$30.00 per year for first student -\$15.00 for each additional student

Office Use Only: Enrollment Fee Paid Date: _____ Check No. _____ Cash _____
Teacher: _____ Grade: _____