

# CASTLE CARE ENROLLMENT FORM 2021-2022 SCHOOL YEAR

(Before/After School Care Program)

Child's Name: \_\_\_\_\_ ID # \_\_\_\_\_  
Legal Last Name, First name, Middle Initial

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Birthdate: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Male or Female

Address: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Secondary Phone ( ) \_\_\_\_\_

Allergies/ Medical information \_\_\_\_\_

## Parents/Legal Guardians with whom student lives

1. Parent/Guardian Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Secondary Phone ( ) \_\_\_\_\_

2. Parent/Guardian Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Secondary Phone ( ) \_\_\_\_\_

Who is the best person to contact during Castle Care hours? \_\_\_\_\_

## Emergency Contacts (please list in order of who to call)

These people will have permission to pick up your child.

Name/Relationship	Phone	Secondary Phone
_____/_____	( ) _____	( ) _____
_____/_____	( ) _____	( ) _____
_____/_____	( ) _____	( ) _____

**\*\*Please Circle which services you want to enroll your child in and how you plan to pay.\*\***

**Enrollment:** Before Care (\$33.75/week) or After Care (\$47.25/week) or Both (\$76/week)

**Payment:** Weekly or Monthly or 1<sup>st</sup>/15<sup>th</sup>

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_