

CASTLE CARE ENROLLMENT FORM 2020-2021 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 1st/15th

Parent Signature _____ Date _____