



Tara Redwood School

NON-PROFIT ORGANIZATION

KNOWLEDGE, STRENGTH & COMPASSION

BEFORE AND AFTER SCHOOL CARE
APPLICATION FORM
2017-18 School Year

Name of Child: _____ Grade: _____

Date of Birth: _____ Gender _____ Campus: _____

Please register my child in Tara After School Care:

Aftercare commences at 3:00 p.m. and ends at 5:15 p.m.

Full-time: 4-5 days a week. A space will be reserved Monday through Friday (\$300 monthly)

Part time: 2 or 3 days a week. Please indicate below which 2 or 3 days of the week you wish to reserve (\$125 monthly for 2 days, \$180 monthly for 3 days)

Monday Tuesday Wednesday Thursday Friday

Drop-in: Drop-in aftercare is available for students on an as needed basis. It is for those students not picked up at dismissal time and for aftercare requested on the same day (\$15 per day). It is highly recommended that all parents check off this option.

Please let us know of any particular situation or needs you may have:

I _____ hereby authorize the aftercare coordinator _____
(parent's name)

to sign my child out of his/her class and into aftercare.

Tara aftercare must be notified by the 15th of the month to withdraw from the program or change days of attendance. If notice of withdrawal is not given by the 15th of the month 50% of the next monthly payment is required. Changes in days of attendance will be made if space in the program permits and will be effective the first week of the following month. Please call the office as soon as possible to request a change.

_____(Signature of parent)

Parent's Name _____ Parent's Name: _____

Day Phone: _____ Day Phone: _____

Day Email: _____ Day Email: _____

Cell Phone: _____ Cell Phone: _____