

**Learning Gate Community School  
Before Care and After Care Registration  
Form 2016–2017**

There is a one time Registration Fee of \$25.00 per family to be paid by PayPal (link attached to invoice), check, cash or money order to: Learning Gate Community School

**2015–2016 Program Fees**

**Before Care: FREE**

**After Care: \$ 60.00 weekly/\$15.00 per day**

Before Care opens at 7am and is free to all students. After Care is available from dismissal of students until 6pm. A late fee will be charged \$5.00 for every 5 minutes you arrive after 6pm.

Student Name: Last \_\_\_\_\_ First: \_\_\_\_\_ Grade \_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_\_

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Please list any allergies and or medications your child(ren) may have:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Parent/Guardian: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email for BILLING: \_\_\_\_\_

Secondary Parent/Guardian: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Authorized Pick Up List

Permission is given for my child to be released from the program to the following individual(s) including the above stated parent/guardian to receive my child at the end of the day. Driver's license or valid photo ID REQUIRED. Students will not be dismissed without proper ID.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

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**For Office Use Only**

Date of Received: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Form of Payment ( ) cash ( ) check ( ) money order ( ) PayPal

Date Entered into the System: \_\_\_\_\_ By: \_\_\_\_\_