

CAK Aftercare Program Registration Form

(Please return form to Melanie Miller in the Elementary – Attention: Aftercare)

Parent's Name: _____

Home Phone: _____ Cell/Work: _____

Address: _____

City, State/ Zip: _____

Child(ren)'s Name: _____ Grade: _____ Elem/MS Homeroom Teacher: _____

CAK Staff? Yes _____ No _____

Anticipated Days Needed – (circle) M T W TH F All Week

Hours: (circle) Preschool Extended Care- 1:00-3:00 p.m.

Elementary Aftercare 3:00-6 p.m. Middle School Aftercare 3:20-6 p.m.

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Please list below the names and phone numbers of anyone who has permission to sign your child out of Aftercare.

Name: _____ Relation to Child: _____ Phone Number: _____

Please read and initial the following: (information obtained online)

_____ I have received a copy of the Aftercare Policies and Procedures

_____ I have received a copy of the Aftercare Behavior Policy.

Parent's Signature: _____ Date: _____