

Before & After School Care Registration Form

<u>Child's Name</u>	<u>Age</u>	<u>Grade</u>	<u>Gender</u>	<u>Date of Birth</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Guardian's Name _____

Address _____ City _____ Zip _____

Home Phone # _____ Cellular Phone # _____

E-mail Address _____

Parents Work _____ Phone _____

Parents Work _____ Phone _____

**** Please circle the primary contact number to call if your child doesn't check in.****

After Care Program - Pick up by 6pm to avoid additional fees (DOES NOT INCLUDE WEDNESDAYS)

_____ Pay Monthly \$300.00 / \$180.00* (*Qualifying Students) For each additional SIBLING fee will be \$270/ \$150

_____ Pay in Full Semester \$1300.00 per semester: Fall or Spring

_____ Pay in Full Annual \$2600.00: September – May

Before Care Only - Begins at 6:45am

_____ Pay Monthly \$100.00 / \$50.00* (*Qualifying) For each additional sibling fee will be \$80/ \$30

_____ Pay in Full Semester \$450.00 per semester: Fall or Spring

_____ Pay in Full Annual \$800.00: September – May

Half Day Wednesday Only - Pick up by 6pm to avoid additional fees

_____ Pay Monthly \$80 For each additional sibling fee will be \$50

_____ Pay in Full Semester \$350: Fall or Spring

_____ Pay in Full Annual \$700 September - May

We **only** accept **Checks or Money orders**. All checks must include Date of Birth and Drivers license number. In the event of a returned check a \$30.00 fee will be assessed. If there is more than one check presented that results in a returned check fee then only money orders will be accepted.

****Refund Policy:** Cancellations must be received by the 25th day of the month in order to be eligible for a refund or cancelation of the next months tuition.

(Please complete further information on the reverse side)

***PK-2nd Grade** - Our After Care Program will take place at the Big Tech Campus on 1010 East Parkerville Road, Cedar Hill, TX. All students from the ECC campus enrolled in our Aftercare program will be transported via our school van to Big Tech. Parents must provide a booster seat for each child being transported. Pick up will be at Big Tech no later than 6pm to avoid additional fees.

PK-2nd students will leave ECC at 4:30 to be transported Big Tech for pick up.

THE ABOVE ONLY PERTAINS TO STUDENTS ENROLLED IN THE BC/AC PROGRAM.

Authorized Persons for EMERGENCY CONTACT / Authorized to SIGN children out.

These people will be notified in case of emergency or illness when parents/guardian cannot be reached Village Tech Schools will allow children to be checked out by the following people. If additional space is needed, please use back.

<u>Name</u>	<u>Relationship to Child</u>	<u>Contact Phone #'s</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Doctor's Name: _____ Phone #: _____

Is there any health problems/allergies that would restrict your child's participation in any activities? **Yes** **No**
If yes, please explain:

RELEASE FORMS

Parent/Guardian Signature _____ Date _____

Emergency Medical Release

If emergency medical care is deemed necessary and I cannot be contacted, I authorize the staff to act in my behalf in granting permission for my child to receive emergency treatment. I as the parent/guardian, take full responsibility for the payment of any and all present payment and future medical expenses. I agree to waiver and relinquish all claims my minor child/ward or I may have (or accrue to me or my child/ward) as a result of participating in this program/activity against Village Tech Schools, the State of Texas including its officials, agents, volunteers and employees. By signing this document, I agree to be bound by all conditions of the application.