

**Bridges 2008-2009  
After School Care  
Registration and Contract**

\_\_\_ **Full-time After School Care (4-5 days/week)** \$1,755/yr. or \$195/mo. (Aug.-April)  
 Monday  Tuesday  Wednesday  Thursday  Friday

\_\_\_ **Part-time After School Care (1-3 days/week)** \$1,485/yr. or \$165/mo. (Aug.-April)  
 Monday  Tuesday  Wednesday  Thursday  Friday

Child's Name \_\_\_\_\_ Rising Grade \_\_\_\_\_ Any Allergies? \_\_\_\_\_

Child's Name \_\_\_\_\_ Rising Grade \_\_\_\_\_ Any Allergies? \_\_\_\_\_

Child's Name \_\_\_\_\_ Rising Grade \_\_\_\_\_ Any Allergies? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent's Names \_\_\_\_\_

Work Phone: Mom \_\_\_\_\_ Dad \_\_\_\_\_

Cell Phone: Mom \_\_\_\_\_ Dad \_\_\_\_\_

Person's name to appear on bill \_\_\_\_\_

Emergency Contacts (other than parents):

1. Name \_\_\_\_\_ Day Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Persons other than parents who have permission to pick up my child:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

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\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

By signing this contract, I acknowledge that I have read and agree to the terms on the 'Policies and Procedures' form.

For Office Use Only:

Date registration was paid \_\_\_\_\_ Ck.# \_\_\_\_\_ Rec'd \_\_\_\_\_

**Reg./Contract Due Date: Friday, June 6th**

Rev. 3/08