After School Care Program Registration Form

Please read and initial each line below and complete the bottom portion of this form to get your child enrolled

_____ A non-refundable $65 deposit is required to secure your spot

_____ Once you are enrolled in the after care program, you are responsible for payment each week- regardless if they are absent.

_____ There is a 2-week notice to drop from KICKs

_____ You do have 1 week vacation to use from August-December, and 1 week to use from January-May. **This must be scheduled 2 weeks in advance.**

_____ Billing is done every Monday for the week prior- an updated form of payment is required and must be on file at all times.

_____ You are expected to communicate to us: all absences, early dismissal from school, etc through our Band app or via the KICKs phone @ (629) 216-9851, by no later than 1:30 each day.

If we do not hear from you a $5 no call, no show will be charged.

Child's Name: _____

Grade (in the fall): _____ **Days attending:** _____

School: _____

Parent Name: _____

Phone #: _____

Signature: _____

FOR KICKs USE ONLY

Deposit Amount: _____ **Date Paid:** _____