

New Vistas' Aftercare Program Registration Form

Student's Name _____ DOB _____

Teacher _____ Grade _____

Home Address _____

Mother's Name _____

Cell Phone _____ Work Phone _____

Father's Name _____

Cell Phone _____ Work Phone _____

Names of individuals who are authorized to pick up your child: (2 Required)

Name _____

Name _____

Name _____

Time Needed:

☐ 1 Hour (3:00 - 4:00)

☐ 2 Hours (3:00 - 5:00)

☐ 3 Hours (3:00 - 6:00)

Days Needed:

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

Please make checks payable to New Vistas or NVCE. Payments are due on the 1st of each month. A late payment fee of \$15.00 will be assessed after the 9th of each month.

Allergies/ Health Issues

Parent Preferences

Homework:

(Homework is only offered for Kindergarten through Sixth Grade)

☐ Optional

☐ Mandatory

☐ Not allowed

Permission to watch PG rated Movie:

☐ Allowed to watch

☐ Not allowed to watch

Notes: _____

OFFICE USE ONLY

Hours: _____

Sibling (s): _____

Monthly Tuition: _____

Jump Bunch Discount: _____

	Date	Payments Made	Comments	
Aug				
Sept				
Oct				
Nov				
Dec				
Jan				
Feb				
Mar				
April				
May				