New Vistas' Aftercare Program Registration Form

☐ 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 1 st of each month. A late payment fee of \$15.00 will be assessed after the 9 th of each month.	Student's Name		DOB					
Mother's Name	Teacher	Grade						
Mother's Name	Home Address							
Cell Phone Work Phone Father's Name								
Names of individuals who are authorized to pick up your child: (2 Required) Name								
Names of individuals who are authorized to pick up your child: (2 Required) Name	Father's Name							
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.								
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Allergies/ Health Issues		-						
	Allergies/ Health Issues							

Parent Preferences

Hor	mework:						
(Ho	mework is o	only offered for Kinder	garten through Sixt	h Grade)			
		Optional	Mandatory		Not allowed		
Per	mission to v	vatch PG rated Movie:					
		Allowed to watch	Not a	allowed to watcl	า		
Not	tes:					-	
		OF	FICE USE	ONLY			
Hours:	-		Sibling (s):				
Monthly	Tuition:		Jump Bunch Disco	ount:			
			T				
	Date	Payments Made		Comments			
Aug							
Sept							
Oct							
Nov							
Dec							
Jan							
Feb							
Mar							
April							
Mav							