

2016-2017 Preston After School Enrollment Form

After School Program 3:15-5:45 p.m.

Full Name(Student): _____
Legal last name First Middle

Resident Address: _____
City State Zip

Home Phone (____) _____

(1) Parent/Guardian Name _____
Last First Middle

Relationship to student _____

Cell (____) _____ Home(____) _____ Work (____) _____

Email address _____

(2) Parent/Guardian Name _____
Last First Middle

Relationship to student _____

Cell (____) _____ Home(____) _____ Work (____) _____

Email address _____

Emergency Contacts (Please list in order that they are to be contacted and will also have permission to pick up your child at the end of the session.)

Name and relationship to student	Home	Cell	Work
_____	(____) _____	(____) _____	(____) _____
_____	(____) _____	(____) _____	(____) _____
_____	(____) _____	(____) _____	(____) _____

****Please include enrollment fee at time of enrollment****

\$20.00 per year for first student - \$10.00 per year for each additional student