



New Vistas' Discovery After Care Program Registration Form

Student's Name _____ DOB _____
Teacher _____ Grade _____
Home Address _____
Home Phone _____
Mother's Name _____ Email _____
Work Phone _____ Mobile Phone _____
Father's Name _____ Email _____
Work Phone _____ Mobile Phone _____

Names of individuals who are authorized to pick up your child:

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

Please turn this completed form in with your payment to our office or in After Care. Make checks payable to New Vistas. Payment is due on the 1st of each month. A late payment fee of \$15.00 will be assessed after the 15th of each month. After Care payments are separate from school tuition payments.

Request: ☐ 1 Hour (3:00 – 4:00) ☐ 2 Hours (3:00 – 5:00) ☐ 3 Hours (3:00 – 6:00)

Teacher: _____ Birthdate: _____

Parent Preferences

Homework:

☐ Optional ☐ Mandatory ☐ Not allowed

Movie:

☐ Allowed to watch ☐ Not allowed to watch

Receipt:

☐ Monthly ☐ End of prior year

Allergies / Health Issues:

If any please list:

☐ Airborne ☐ Digested ☐ Contact

Comments: _____

Signature _____ Date _____