



New Vistas' Discovery After Care Program Registration Form

Student's Name _____ DOB _____

Teacher _____ Grade _____

Home Address _____

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 _____

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 9th 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 – 5:00)

Allergies/ Health Issues

Signature _____ Date _____

Parent Preferences

Homework:

Homework is only offered for Kindergarten through sixth grade

☐ Optional

☐ Mandatory

☐ Not allowed

Movie:

☐ Allowed to watch

☐ Not allowed to watch

End of the year receipt

☐ Yes

☐ No

Comments:

Office use only:

Aug:

Sept:

Oct:

Nov:

Dec:

Jan:

Feb:

Mar:

Apr:

May:
