

New Vistas' Aftercare Drop-in Form

Student's Name _____ DOB _____

Teacher _____ Grade _____

Home Address _____

Parent 1 _____

Cell Phone _____ Work Phone _____

Parent 2 _____

Cell Phone _____ Work Phone _____

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

(2 Required)

Name _____ Number _____

Name _____ Number _____

Name _____ Number _____

Time Needed:

Drop-in Only \$15 / Hour \$8 / ½ Hour

Please make checks payable to New Vistas or NVCE.

Allergies/ Health Issues
