

New Vistas' Aftercare Program Registration Form

Student's Name _____ DOB _____

Teacher _____ Grade _____

Home Address _____

Parent 1 Name _____

Cell Phone _____ Work Phone _____

Parent 2 Name _____

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:

1 Hour (3:00 - 4:00)

2 Hours (3:00 - 5:00)

3 Hours (3:00 - 6:00)

\$115

\$200

\$255

Days Needed:

Monday

Tuesday

Wednesday

Thursday

Friday

Monthly Tuition Due: _____

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.

Notes

Parent Preferences

Homework:

(Homework is only offered for Kindergarten through Sixth Grade)

Optional

Mandatory

Not allowed

Permission to watch PG rated Movie:

Allowed to watch

Not allowed to watch

Allergies/ Health Issues:

OFFICE USE ONLY

Hours: _____

Sibling (s): _____

Monthly Tuition: _____

Jump Bunch Discount: _____

	Date	Payment	Hours	Comments	
Aug					
Sept					
Oct					
Nov					
Dec					
Jan					
Feb					
Mar					
April					
May					