



Shine Before & After School Program Registration Form

Student Information

Last Name:	First Name:
Age:	Current Grade:

Last Name:	First Name:
Age:	Current Grade:

Last Name:	First Name:
Age:	Current Grade:

Parent Information

Please provide the email address you would like to receive your weekly invoice.

Parent/Guardian:	Parent/Guardian:
Email:	Email:

Before School Schedule

Please indicate days your child will be attending Before School Program

Monday	Tuesday	Wednesday	Thursday	Friday

After School Schedule

Please indicate days your child will be attending After School Program

Monday	Tuesday	Wednesday	Thursday	Friday

Drop-in user must notify the Main Office by 11:00 a.m. on the day the plan to use the program.

Authorized Persons to pick-up your child

Please make sure that all authorized persons are indicated on your child's student safety sheet.