

**REGISTRATION AFTER SCHOOL PROGRAM**  
**Cien Aguas International School**

**Registration Fees: \$10.00 (Registration fee required for each student) Registration Fee must be paid before Begins the programs.**

Hours of operation: Monday, Tuesday, Thursday, Friday 3-6 p.m. Wednesday 1-6 pm

STUDENT NAME \_\_\_\_\_

GRADE \_\_\_\_\_

PARENTS: (Please Print Name, Address, phone number, and email).

NAME:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

PHONE:

\_\_\_\_\_

EMAIL:

\_\_\_\_\_

PERSON(S) RESPONSIBLE FOR PICK (Name & phone number):

NAME: \_\_\_\_\_ PHONE No. \_\_\_\_\_

NAME \_\_\_\_\_ PHONE No. \_\_\_\_\_

**Rates one day drop \$20 / \$15 / \$10**

**3 o more days per week \$60, \$45, \$30**

**Payment due at the beginning of each week by Check or Money Order,  
NO LATER than End of the Week.**

**Make Checks payable to Cien Aguas International School.**

**\*\* If payments are more the 4 weeks late, your child(ren) will not be  
allowed to attend until fees are current.**

**Any questions, please contact the Executive Director, Sra. Cortalano.**

Parent(s) Signature

Date

## EMERGENCY INFORMATION FORM/MEDICAL RELEASE

### **EMERGENCY CONTACT(S):**

Name: \_\_\_\_\_

Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Relation: \_\_\_\_\_

Name: \_\_\_\_\_

Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Relation: \_\_\_\_\_

### **HEALTH INSURANCE:**

Name: \_\_\_\_\_

### **PHYSICIAN:**

Name: \_\_\_\_\_

Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### **ALLERGIES:**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

In the event of an injury, accident, illness or other emergency, and if the above stated physician cannot be reached, I authorize my child to be treated by certified emergency personnel such as emergency medical technicians, emergency room physicians and other emergency room personnel such as nurses and laboratory technicians. I agree to accept financial responsibility for the costs related to this medical treatment.

\_\_\_\_\_  
Name Phone Date Signed

\_\_\_\_\_  
Name of Authorized Parent or Guardian Phone Date Signed