



Jackson County Schools Before Care Program Registration Form

Dr. Phillip Brown Superintendent
1660 Winder Highway
Jefferson, Georgia 30549
Phone (706) 367-5151 Fax (706)367-9457

Name: _____ HR Teacher: _____

Home Address: _____

*Special Instructions-Must be in writing by parent/guardian (allergies, diet, medical, etc.): _____

Mother /Guardian: _____

Cell: _____ Work Number: _____

Father/Guardian: _____

Cell: _____ Work Number: _____

Emergency phone contact (other than parents/guardians): _____

I acknowledge the rates for Before Care are as follows:

***A yearly \$15.00 registration fee per child is due at the time of registration.**

***BeforeCare is a flat pre-pay this year of \$15.00/week - I will pay for the week in advance.

Parent/Guardian Signature _____ Date: _____

Please sign and date the following:

***Parents/Guardians will assume liability for accidents and/or injuries incurred during the Before Care Program.**

Parent/Guardian Signature: _____ Date: _____

***I have read and understand the policies concerning payments, late fees, and discipline concerning my child's participation in the Jackson County After School Program.**

Parent/Guardian Signature: _____ Date: _____