ALLEN PARK PUBLIC SCHOOLS

BEFORE CARE/AFTER CARE REGISTRATION

Date: _____

Child's Name _____ _____
Last First

Date of Birth_____ Male ____ Female ____

School _____ Grade _____

Program choice

AM ONLY	PM ONLY	BOTH AM & PM		3 DAY	4 DAY	5 DAY
☐	☐	☐		☐	☐	☐

Parent Information

Parent/Guardian	**Parent/Guardian**
Name:	Name:
Address:	Address:
City: Zip:	City: Zip:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email:	Email:

Name of person responsible for payment of tuition _____

Has or will your child receive any special education services or programs at school? Yes ____ No ____

If yes, please explain _____

REGISTRATION FEE ($45 for one child, $50 for a family) IS NON REFUNDABLE. ALL ACCOUNTS MUST BE UP TO DATE FOR THIS REGISTRATION TO BE EFFECTIVE.