

After School

Child's Name:			Admission Date:		
Date of Birth:	Age:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Withdrawal Date:		

NOTICE FOR PARENTS: If child lives only with one parent, each parent must fill a separate Enrollment Form as per Texas State Law:

Child lives with: Mother Father Both

Mother's Information

Last Name:		First Name:		Middle Name:	
Street Address:			City:		Zip Code:
Home Phone:()		Cell:()		Personal e-mail:	
Employer:			Work Phone:()		ext:

Father's Information

Last Name:		First Name:		Middle Name:	
Street Address:			City:		Zip Code:
Home Phone:()		Cell:()		Personal e-mail:	
Employer:			Work Phone:()		ext:

CONTACTS INFORMATION:

People to call in case of emergency, if parents may not be reached:

Name:	Relation:	Address:	Cell Phone

Parent or legal guardian signature: _____ Date: _____

AUTHORIZATIONS:

I hereby grant permission for my child to use all the play equipment and participate in all physical activities at the center.

Parent or legal guardian signature: _____ Date: _____

I hereby grant permission for Framboyant staff to take pictures of my child (children) and use it at Framboyant web site, facebook, instagram and other.

Parent or legal guardian signature: _____ Date: _____

	M	T	W	T	F
3:00-4:00					
3:30-4:30					
4:00-5:00					
5:00-6:00					
6:00-7:00					

Schedule

Total cost for child care:
Total cost for after school program:
Total Monthly fee: