



# Before/After Care Enrollment Form

\$3.50 per hour (pre-scheduled)  
\$4.50 per hour (drop-in)

**Ages:** 3 yrs old to 8<sup>th</sup> grade

**Time:** 7:00am to 6:00pm

**Location:** NCCS Gymnasium

Our Before and After School Care Program is here to help you! It can be used on a regular basis, and also as a drop in option for emergency purposes. Please fill out the information below:

Child Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

Days of week anticipated to use this program: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
(Please circle) Monday Tuesday Wednesday Thursday Friday

Time you expect to drop off or pick up your child \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Does your child have any allergies or special needs in the event food is provided or served?  
\_\_\_\_\_  
\_\_\_\_\_

Please list 2 additional people who are allowed to pick up your child:

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

Phone: (\_\_\_\_) \_\_\_\_\_ Relation to child: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Relation to child: \_\_\_\_\_

Children will not be released to anyone who is not listed on the release form unless you contact the Director of the program and make the arrangements directly. All children must be signed in and out on the attendance log. ID will be requested from a person other than the designated individual, so please explain this to your friends/family.

\_\_\_ I have read and understand the financial obligation and terms of the NCCS Before/After Care Program.

\_\_\_ I also understand that I will only be billed for the hours my child is in the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_