



Valley View After-School Enrichment Program  
For Valley View Students enrolled in Pre-K – 6<sup>th</sup>  
Grade

**When:** Monday – Friday (Program will open on school days including early dismissal days. We will follow school calendar. We will be closed on all school holidays.)

**Time:** 3:35-6:00 pm Monday-Friday

**Where:** Valley View Elementary Cafeteria

**Cost:** \$5 per day per child

\$4 per day per child for each additional child in family

\$3 per child for students who qualify for the national lunch program You must circle Enrichment Program on the back of the lunch application to be used for determining reduced price.

**Payment Plan:** You may pay by the year, semester or on a payment plan of 8 payments. We will not allow drop-ins. Your child has to be enrolled to attend and you must make payments. If you miss a payment, your child will be dropped from the enrollment and will not be able to attend.

If you choose to use a pay schedule, the first payment is due on August 22<sup>nd</sup>. Payment Schedule for the first payment will be as follows:

First payment: \$106 for 1 child; \$85 for each additional child; \$ 64 reduced rate per child

**Parent Pick Up:** Pick up will be at the north gate by the elementary cafeteria

Late pick up fee-\$1 per child per minute due upon arrival

Snacks will be provided daily. Homework assistance and tutorials will be provided.

If you have additional questions, call Jan Miller, Director, at 940-726-3244 ext. 135.

## Registration Form for After School Program School Year 2018-2019

Student's Name Last \_\_\_\_\_ First \_\_\_\_\_ Grade \_\_\_\_\_

Additional Children if enrolling more than one child

Student's Name Last \_\_\_\_\_ First \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name Last \_\_\_\_\_ First \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name Last \_\_\_\_\_ First \_\_\_\_\_ Grade \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone \_\_\_\_\_ Other \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone \_\_\_\_\_ Other \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name	Relationship	Home Phone	Cell	Work
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

_____	_____	_____	_____	_____
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List any Allergies and/or regular medication for your child \_\_\_\_\_

List any other medical information or other information needed for program \_\_\_\_\_

### SIBLING INFORMATION if names are not listed above

Brothers/Sisters	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_