



Endeavor Hall
A School for young writers

Aftercare Registration Form Kindergarten-6thGrade

Please print clearly with blue or black ink.

Child's Full Name: _____ Birth Date: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Child's Teacher: _____ Child's Grade: _____

Nickname: _____

Mother's Full Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Work Phone: _____ ext. _____

Name of Employer: _____ Cellular Phone: _____

Work Hours: _____ Email: _____

Father's Full Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Work Phone: _____ ext. _____

Name of Employer: _____ Cellular Phone: _____

Work Hours: _____ Email: _____

Parent/Guardian with legal custody _____

Emergency Contacts/Authorized to pick up my child

Primary Emergency Contact (other than parents or guardian) _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Secondary Emergency Contact (other than parents or guardian) _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Photo ID is always required

Person (s) **NOT** authorized to pick up my child:

Name: _____ Comment _____

Name of other school child attends: _____ Phone: _____

Emergency Release

Consent to Emergency First Aid & Transportation:

I hereby give permission that my child, _____, may be given emergency treatment by a staff member at West Valley Afterschool Academy. I also give permission for my child to be transported by car, ambulance, or Aid car to an emergency center for treatment, and agree to hold Endeavor Hall Afterschool Program and its employees harmless.

Parent's Signature _____ Date: _____

Consent to Medical Care and Treatment:

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold Endeavor Hall Afterschool Program and its employees harmless.

Parent's Signature _____ Date: _____

Emergency Information

- Child's Physician: _____ Phone: _____
- Preferred Hospital: _____ Phone: _____
- Regular Medications: _____

- Food Allergies: _____
- Any other Allergies: _____
- Any special health conditions: _____

2020-2021 Aftercare Fees

Fees will be based on a daily rate of \$7, however, attendees will need to pay for a full month, payable the first school day of each month. Please talk to the front office regarding fee waivers.

August - \$35

September - \$119

October - \$112

November - \$105

December - \$70

January - \$105

February - \$105

March - \$112

April - \$112

May - \$112

June \$14