

# ALP Homework Club / After School Registration

Please complete the following information (Please print)

Child's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female                      Grade: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Name of Parent(s) /Guardian(s): \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Note: If any of the above information changes, please notify the ALP office immediately.

## EMERGENCY CONTACT INFORMATION

List two emergency contacts other than those listed above:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Please choose one (1):

\_\_\_\_\_ I would like to enroll my son/daughter in homework club only from 3:15 - 4:15 pm M-F. **I understand that the monthly fee of \$125 is due the 1st of every month.**

\_\_\_\_\_ I would like to enroll my son/daughter in Homework Club (3:15-4:15) and After Care Session 1(4:15-5:15) M-F. **I understand that the monthly fee of \$225 is due the 1st of every month.**

\_\_\_\_\_ I would like to enroll my son/daughter in Homework Club (3:15-4:15) and both After Care Sessions (4:15-6:00 pm) M-F. **I understand that the monthly fee of \$300 is due the 1st of every month.**

I understand that my child must be picked up by the designated pick up time or additional fees will apply.

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