



Avon Grove Charter School Before and After Care Registration Form

Name of Child: _____ Date of Birth: _____

Age of Child by at the start of the school year _____ Male Female

Before and After Care Hours (Please circle days attending)

Before School Care (7:00 am - 8:05 am) _____ M T W Th F

After School Care (3:15 pm - 6:00 pm) _____ M T W Th F

Interest in care on ½ day _____ Y _____ N

Parent and Guardian Information:

Mother's/Guardians Name: _____ Phone #: _____

Address: _____ Email _____

Cell Phone: _____

Place of Employment _____ Phone #: _____

Employment Address: _____

Father's/GuardiansName: _____ Phone#: _____

Address: _____ Email _____

Cell Phone: _____

Place of Employment: _____ Phone #: _____



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Employment Address: _____

Emergency Contact Name and Phone # _____

Marital Status: Married ___ Single ___ Divorced ___

If Parents do not live at the same address, with whom does the child live? _____

Please Return this Registration Form along with non-refundable

Registration fee \$30 per child \$50 per family.

Signature of Mother/Guardian _____ Date: _____

Signature of Father/Guardian _____ Date: _____