



Sandpipers

STAY & PLAY, LLC
AFTER SCHOOL CARE PROGRAM



REGISTRATION FORM

Child's Name: _____

Address: _____

School: _____ Teacher: _____ Grade: _____

Mother's name: _____

Employer: _____

Work phone: _____ Ext./Dept.: _____

Cell phone: _____

Father's name: _____

Employer: _____

Work phone: _____ Ext./Dept.: _____

Cell phone: _____

Authorized individuals (other than above named parents) who may be contacted in an emergency and who have my permission to pick up my child.

Name: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Child Health conditions or other areas of concern: _____

There is a **\$20.00 registration fee** for each child per year. Paid: _____ Date: _____

I have received and read a copy of the FEE SCHEDULE and agree with the terms and conditions.

Parent/Guardian's signature

Parent Printed Name

Date