

RPRY AFTER CARE OFFICIAL REGISTRATION FORM

Student Name(s)	Grade	Days (M T W T H F)	Semester Fee

Address: _____

Phone Numbers :Home: _____

Mom's Work: _____

Dad's Work: _____

Mom's Cell: _____

Dad's Cell: _____

Mom's email: _____

Dad's email: _____

Emergency Contact: _____

Local Friend: _____

(In case early pick-up is needed, or if you are unable to get to RPRY by 6pm)

Comments / Special Considerations _____

After Care participants are expected to behave in an appropriate and respectful manner.

Students must be picked up by 6pm.

If an emergency comes up, please call us to let us know that you will be late.

Accounts must be up to date in order to enroll in After Care.