

RPRY AFTER CARE OFFICIAL REGISTRATION FORM

Student Name(s)	Gr/Age	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.