

Last Name _____ First Name _____



Before Care & After care Registration

Student's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Grade Level: (2016/2017) _____ Date of Birth: _____

Mother/Guardian's Name: _____

Phone: () _____ Cell: () _____

Father/Guardian's Name: _____

Phone# () _____ Cell: () _____

Emergency Contact: _____

Phone Numbers: () _____

Parent's Signature: _____ Date: _____

***QUARTERLY REGISTRATION ONLY
* ALL FEES MUST BE PREPAID ON FRIDAYS*NO EXCEPTIONS***

- Late Pick-Up: (Students need to be picked up by 3:00 p.m.)**
\$30.00
- Part Time: (2 hours - 12 hours)** **(PLEASE CHECK ONE)**
\$50.00
- Full Time: (13 hours - 20 hours)**
\$100.00
- Before/After Care: (Full week)**
Weekly: \$125.00 (21-24)

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