

Last Name _____ First Name _____



Before Care & After Care Registration

Student's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Grade Level: (2017/2018) _____ Date of Birth: _____

Mother/Guardian's Name: _____

Phone: () _____ Cell: () _____

Father/Guardian's Name: _____

Phone# () _____ Cell: () _____

*Parent's Signature: _____ Date: _____

***QUARTERLY REGISTRATION ONLY**

*** ALL FEES MUST BE PREPAID ON FRIDAYS*NO EXCEPTIONS***

PLEASE CHECK ONE

- Late Pick-Up/Early Drop Off: (up to one hour)**
\$10.00 PER DAY
- Part Time: (1-1/2 hours - 10 hours) (aftercare ONLY)**
\$50.00 WEEKLY
- Full Time: (11 hours - 20 hours) (aftercare ONLY)**
\$100.00 WEEKLY
- Before/After Care: (Full week)**
WEEKLY \$140.00 (21-24)

Wesley Chapel, FL 33544

813-973-7938

www.newleaps.org