



Student's Name(s):

Address: _____

Parent/ Guardian 1 Name: _____

Home Number: _____

Work Number: _____

Parent/ Guardian 2 Name: _____

Home Number: _____

Work Number: _____

Emergency Contacts:

Name:

Phone Numbers:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Parent/ Gaudian understands that payment is due by Monday of each week. A late assessment of \$20 will be added to your payment. Unfortunately, if you establish a history of late payments it will become necessary to review dismissal from Georgetown's After School Program. We understand that each situation is different, and the decision to dismiss will be at the sole discretion of the principal.

Parent/ Guardian Signature: _____