



GULF MIDDLE BEFORE AND AFTER SCHOOL PROGRAM
6:30 – 9:20 A.M.; 3:50 - 6:00 P.M.
Fee-Based Program Registration
2017-2018

Name _____ Birthdate _____ Grade _____

Mother _____

Address _____ Home Phone _____

Business _____ Work Phone _____

Cell Phone _____

Father _____

Address _____ Home Phone _____

Business _____ Work Phone _____

Cell Phone _____

Child lives with: Both parents _____ Mother _____ Father _____

Person(s) other than parents who may pick up your child from our program:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

I give my child, _____, permission to participate fully in the Gulf Middle Before and After School Program. I am aware of the rules of the program. I understand that the weekly tuition is due the week of participation. I agree to pay a \$25.00 charge on any returned check. After one returned check, our program will only accept cash, cashier's check or money order as payment.

My child has permission to watch G/PG/PG-13 movies during our program. _____ Initial

Signature _____ Date _____

Registration fee paid _____