

AVENTURA CITY OF EXCELLENCE SCHOOL

BEFORE CARE / AFTERCARE PROGRAM REGISTRATION FORM

Registration Fee: \$25. Note: This covers registration for all programs for the entire year.

Date of Enrollment: _____

Type of Program: Before Care: _____ Aftercare (5-Day) _____ Aftercare (3-Day) _____

Child's Name: _____
(First Name) *(Last Name)*

Gender: _____ Grade attending in 2010-11: _____ Teacher's Name: _____

Mother's/Guardian's Name: _____
(First Name) *(Last Name)*

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____

Father's/Guardian's Name: _____
(First Name) *(Last Name)*

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____

Home Address: _____ Apt No. _____

City: _____ State: _____ Zip Code: _____

List any allergies, special needs, or fears which should be made known:

I, _____ have read and understand the payment schedule and procedures for the
Name of Parent enrolling child
Aventura City of Excellence School Before Care / Aftercare Program.

Signature of Parent enrolling child

Date