



**After School Program**

**20\_\_-20\_\_ Registration Form**

CHILD' NAME \_\_\_\_\_  
(First) (Last)

AGE \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

ARRIVAL METHOD: \_\_\_\_\_ TIME: \_\_\_\_\_

Authorization

My child can walk home YES \_\_\_ NO \_\_\_

Photo Release and Consent

I give my permission for my son/daughter to be photographed and/or videotaped by MACAC to be used for promotional purposes. YES \_\_\_ NO \_\_\_

PAYMENT METHOD: PRIVATE:   
CCIS:  Co-pay Amount \$ \_\_\_\_\_ per week  
OTHER:

PARENT/ GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

