



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 _____

