

K-CARE AT BURNS PARK

Fee per Session: \$22.25

Registration Fee: \$40.00

Child's Name: _____ Grade in fall 07 _____

Primary Parent's Name*: _____ Day Phone: _____

*(List the person who should receive the monthly invoice and will be responsible for payment.)

Address: _____ zip code: _____ Eve. Phone: _____

Email address: _____

Parent's Name: _____ Day Phone: _____

Address: _____ zip code: _____ Eve. Phone: _____

Email address: _____

Please check ALL that apply. FULL WEEK SCHEDULES TAKE PRECEDENCE OVER PART TIME SCHEDULES. MINIMUM ENROLLMENT OF TWO SESSIONS PER WEEK.

	Monday	Tuesday	Wednesday	Thursday	Friday
K-CARE	0	0	0	0	0
After PM K-CARE, my child will...	<input type="checkbox"/> be picked up <input type="checkbox"/> ride the bus <input type="checkbox"/> go to Kids Club	<input type="checkbox"/> be picked up <input type="checkbox"/> ride the bus <input type="checkbox"/> go to Kids Club	<input type="checkbox"/> be picked up <input type="checkbox"/> ride the bus <input type="checkbox"/> go to Kids Club	<input type="checkbox"/> be picked up <input type="checkbox"/> ride the bus <input type="checkbox"/> go to Kids Club	<input type="checkbox"/> be picked up <input type="checkbox"/> ride the bus <input type="checkbox"/> go to Kids Club

Does your child have any allergies/medical conditions/special needs staff should be aware of? YES NO
Are any of these life-threatening? YES NO

K-CARE provides before and after school care at the school site during regular school days. DAYS WHICH THE CHILDREN DO NOT HAVE SCHOOL (AND WE CAN STAFF) ARE CONTRACTED SEPARATELY. The program begins the first full school day and runs until the end of the school year. Children will be enrolled on a first come, first served basis as space permits. The K-CARE program is licensed by the Department of Consumer Industry Services. An enrollment packet and schedule confirmation will be mailed to you in **August**.

TO COMPLETE REGISTRATION

1. **RETURN THIS REGISTRATION FORM ALONG WITH \$40 REGISTRATION FEE;** 1611 Westminster, Ann Arbor 48104.
2. **BEFORE** the first day of attendance, return emergency cards, permission slip and child information form to the main office. (A packet will be mailed to you in August.)
3. **READ AND SIGN:** I have read and understand the financial policies and procedures and I will abide by them.
4. **FINANCIAL INFORMATION RELEASE:** Financial information will ONLY be released to those who sign below. Anyone not named below will obtain information from those signed.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Start Date: _____	Reg. Fee Pd: \$ _____	Ck #: _____	Date Pd: _____
-------------------	-----------------------	-------------	----------------