

# Gallop's Family Center – Afterschool Application 23-24

Student Name: \_\_\_\_\_

School Attending: \_\_\_\_\_

## Price:

- |   |                          |
|---|--------------------------|
| <input type="checkbox"/> Registration fee             | \$55.00 (Non-refundable) |
| <input type="checkbox"/> After School Program         | \$90.00 / week           |
| <input type="checkbox"/> Drop of After School Program | \$75.00 / week           |

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Student's Starting Date: \_\_\_\_\_ ELC: Yes: \_\_\_\_\_ No: \_\_\_\_\_

## Method of Payment:

**All payments will be processed through Brightwheel.**

Tuition is billed each Monday.

I understand a written **THIRTY (30) day written notice** is required to withdraw from the program. I understand my account will continue to be charged until the end of the 30-day written notice or until all required payments have been made.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Are parents separated or divorced? \_\_\_\_\_ Who does the child live with? \_\_\_\_\_

Does your child have any allergies, food restrictions or medical problems?

\_\_\_\_\_

If parents cannot be reached in an emergency, the following people should be contacted:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

## TRANSPORTATION AUTHORIZATION

I give my permission to Gallop's Family Center, Inc., or her/his appointed driver to transport my child,

\_\_\_\_\_ in Gallop's Family Center Inc. vans.  
(Name of Child)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name of parent

## RECEIPT OF CHILD CARE POLICIES

I have received and understand all the childcare policies provided to me in this registration packet. I agree to adhere to all policies and procedures outlined in this packet.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name of parent

## PHOTO RELEASE

I, \_\_\_\_\_ will mark the space below to grant or not grant permission of photos of my child to be used in the manner below.

	Grant	Do not grant
Use still photos in promotional materials	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on facility's website	<input type="checkbox"/>	<input type="checkbox"/>
Display on facility's bulletin boards, show to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>