



# SUMMIT ACADEMY

## BEFORE AND AFTER SCHOOL CARE REGISTRATION

### Student Information:

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

Grade: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

### For which program/s and days are you registering? (please circle)

BEFORE SCHOOL    3 Day    5 Day

AFTER SCHOOL    3 Day    5 Day

At approximately what time do you expect to pick your student up from after school care?

\_\_\_\_\_ PM

### Permission and Acknowledgements

I acknowledge that all information provided to Summit Academy on the yellow "Student and Family Information" sheet including medical information, emergency contact, and pick-up authorization, is accurate and up-to-date. All permissions given to Summit Academy staff through my signature on the yellow "Student and Family Information" sheet also pertain to Before/After School Care staff.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)