



Before & After Care Registration Form 2009-2010

Please complete the following. **No student will be permitted in the Before/After Care Program without registering and paying all registration fees in advance.**

Registration Fee - \$15.00 per student
Cash/Money Orders or Checks payable to **Gateway Charter School.**

2009-2010 Program Fees

After Care: \$150.00
After Care Sibling Discount: \$135.00
Before Care: \$50.00
Before Care Sibling Discount: \$ 45.00
Before/After Care: \$190.00
Before/After Care Sibling Discount: \$171.00
Daily Before Care: \$ 3.00
Daily After Care: \$ 9.00

All monthly payments are due on the 1st of each month. All daily/emergency payments for students dropped off on a daily/emergency basis are due on day of service. Late fees will be applied to all unpaid balances.

If your child receives subsidized funds from a local government/organization such as Child Care of Southwest Florida (CSWFL), please bring in the appropriate paperwork. You must be pre-approved by the school prior to receiving a discounted rate. Parent/Guardian's are responsible for the difference between what CSWFL remits and the actual GCS program fees.

Child's Full Name: _____

Parent/Guardian's Name: _____

To be filled out by Director

Amount: \$ _____ Cash/Check # _____ /Money Order # _____

Date of enrollment: _____ CSWFL - Yes or No

Participation: Before School: _____ After School: _____

Date Entered into system: _____ By: _____



Before After Care Registration Information
School Year 2009-2010

Program Participation
Please print clearly!

Student Information

Student Name: Last _____ First _____ Middle _____

Student Address _____

City _____ State _____ Zip Code _____

Grade Level _____ Age _____ DOB _____

Height _____ Weight _____ Sex _____ Hair Color _____ Eye Color _____

Family Information – Primary Parent/Guardian

Last Name _____ First Name _____

Home Street Address _____

City _____ State _____ Zip Code _____

Work Name/Address _____

City _____ State _____ Zip Code _____

EMAIL (required): _____

Telephone: Home _____ Work _____ Cell _____

Secondary Parent/Guardian

Last Name _____ First Name _____

Home Street Address _____

City _____ State _____ Zip Code _____

Work Name/Address _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell _____



Authorized Pick-Ups

Permission is given for my child to be released from the program to the following individual including the above stated parent/guardian to receive my child at the end of the day. Drivers License or valid photo ID required, students will not be dismissed to any one without proper ID.

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Emergency Contact – Must provide two additional names other than parents. List in order they are to be contacted.

Note: Parent/Guardian will be contacted first.

1. Name _____ Relationship to Child _____

Address _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell/Pager _____

2. Name _____ Relationship to Child _____

Address _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell/Pager _____

I hereby acknowledge that I have completed this form to the best of my knowledge. I also give my child permission to participate fully in the Gateway Charter School Before & After School Program. I/We agree to comply with all the rules, regulations and policies as set forth in this packet. In addition I/We agree to the financial obligation and terms of payment for this program and understand that all unpaid balances will result in late fees, possible termination from program. I/We also understand any past due balances may be submitted to a collection agency and subsequent collection agency fees applied to the open balances.

Parent's Signature _____ Date _____

Photographs – Pictures and photos are taken of activities from time to time for the purposes of art activities, Gateway Charter School web page, local newspaper or other publications. Any children pictured in these publications will not be identified by name.

I am willing to allow my child to be photographed in the GCS Before & After School Program:

Yes _____

No _____

Parent's Signature _____ Date _____