



PRE-CARE & AFTER-CARE REGISTRATION FORM

Fall 2026 / Spring 2027

Please complete and return this form to curiouschildren5@gmail.com.

STUDENT INFORMATION	PARENT / GUARDIAN INFORMATION	EMERGENCY CONTACT (other than Parent Guardian)
Student's Full Name:	Parent/Guardian Name:	Name:
Date of Birth: ___ / ___ / ___	Relationship to Child:	Relationship:
Age: _____	Phone Number:	Phone Number:
Allergies / Medical Conditions:	Email Address:	Authorized for Pick-Up? () Yes () No
Dietary Restrictions:	Home Address:	

PROGRAM SELECTION & TUITION RATES

Please select the program(s) for which you are registering your child. Pre-Care and After -Care fees are based on the frequency you select - (weekly, or monthly).		
<input type="checkbox"/> Pre-Care Only 7:15 AM – 8:30 AM, Mon–Fri <ul style="list-style-type: none"> <input type="checkbox"/> Weekly: \$65.00 <input type="checkbox"/> Monthly: \$220.00 Start Date: ___ / ___ / ___	<input type="checkbox"/> After-Care Only 2:15 PM – 6:00 PM, Mon–Fri <ul style="list-style-type: none"> <input type="checkbox"/> Weekly: \$220.00 <input type="checkbox"/> Monthly: \$660.00 Start Date: ___ / ___ / ___	<input type="checkbox"/> Both Pre-Care & After-Care Discounted pricing for participation in both programs <ul style="list-style-type: none"> <input type="checkbox"/> Weekly: \$260.00 (Save \$25.00) <input type="checkbox"/> Monthly: \$820.00 (Save \$60.00) Start Date: ___ / ___ / ___
An additional hourly fee of \$18.00 will apply for each additional hour after 11:15 AM Early Dismissal Days (when classes are dismissed at 11:15 AM). On Early Dismissal Days, the Aftercare service will be provided, if needed, until 6:00 PM.		

AUTHORIZED PICK-UP PERSON(S)

Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:

PAYMENT & ATTENDANCE POLICY

- Invoices will be issued monthly. Tuition payments are due in advance for the upcoming week or month. Invoices for the following month will be issued at the end of the current month. Any additional fees incurred during the current month will be included on the following month's invoice.
- Late pick-up after 6:00 PM will incur a fee of **\$1.00 per minute**
- There will be no credits/refunds for missed or cancelled days
- Enrollment is limited and will be accepted on a first-come, first-served basis.

PARENT/GUARDIAN SIGNATURE

By signing below, I confirm that the information provided is accurate and that I agree to follow all rules, policies, and payment terms outlined in the program description.

Parent/Guardian Signature: _____ Date: ___ / ___ / ___

FOR OFFICE USE ONLY		
<input type="checkbox"/>	Your child has been accepted into the program selected above, effective _____	
<input type="checkbox"/>	Regrettably, we are unable to accept your child into the program.	
Signed by: Name: _____	Title: _____	Date: _____