

**BROOKHAVEN ACADEMY AFTER SCHOOL CARE
REGISTRATION**

STUDENT'S NAME _____ AGE _____

STUDENT'S HOMEROOM TEACHER _____ GRADE _____

PARENT'S NAME _____

HOME TELEPHONE NUMBER _____

WORK TELEPHONE NUMBERS

FATHER _____

MOTHER _____

CELLULAR PHONE NUMBERS

FATHER _____

MOTHER _____

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD. PLEASE LIST NAMES AND TELEPHONE NUMBERS. STUDENTS WILL NOT BE ALLOWED TO LEAVE WITH ANYONE NOT LISTED WITHOUT **WRITTEN** PERMISSION FROM THE PARENT.

NAME	PHONE #
_____	_____
_____	_____
_____	_____
_____	_____

PLEASE NOTE: THOSE DESIGNATED TO PICK UP A CHILD FROM AFTER SCHOOL CARE MUST PARK THEIR VEHICLE AND SEE AN AFTER- SCHOOL CARE WORKER TO SIGN THE APPROPRIATE FORM BEFORE THE CHILD WILL BE DISMISSED.

IN CASE MY CHILD IS NOT PICKED UP ON TIME, THE FOLLOWING PERSON OR PERSONS MAY BE CALLED FOR STUDENT PICKUP:

_____ RELATIONSHIP _____ PHONE _____

_____ RELATIONSHIP _____ PHONE _____

DAYCARE FEE: \$3.00 PER HOUR OR \$15.00 PER WEEK.