



## Brookhaven Academy After School Care Registration

(ALL K-6<sup>th</sup> students MUST have a form on file)

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

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

Parent's Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ (Mother) \_\_\_\_\_ (Father)

Work Phone Number: \_\_\_\_\_ (Mother) \_\_\_\_\_ (Father)

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 Number
1.	
2.	
3.	
4.	

In case my child is not picked up on time, the following person or persons may be called for student pickup.

Name	Relationship	Phone Number
1.		
2.		

**Aftercare Hours: 3:00PM-5:30PM**

Pick up is at the gated elementary drop off area. Please call the number listed on the gate to have your child securely walked to you.

**AFTERCARE FEE: \$15 PER DAY**

Parents who are late to pick up their children will be assessed a late fee as follows:

A fee of \$1.00 per minute will be assessed for every minute a child is left after 5:30p.m.