

Registration Form

Parent/Guardia	n's Name <u>:</u>					
First			Last			
Address			Apt.#			
City	State			Zip Code		
	Name	Age	Grade	Sex	# of Weeks	Attending
Child #1						
Child #2						
Child #3						
Relationship To	Child:	,		,		
Email:			Daytir	ne Phone <u>:</u>		
Home Phone <u>:</u>			_Mobile Phone			
			Best	Time To (Call:	
EMERGENCY CONTACT PERSON:			$\square M$	orning	□ Noon	□ Evening
Name			9:00	- 11:30	12:00 - 5:30	6:00 - 9:30
Cell		Relations	ship to Child			
Address						
-	on have your perm		•	·	ou be unavai	lable?
Yes() No() Init	ial					
ACD/HRA Vouc I understand tha received,		o t completed un ment confirma	til payment for tion letter is sul	the first to mitted. F	ailure to fulf	
Parent Signature:			Date:			



Parent Name:	Phone #
Date:	Email:
<u>I</u>	ayment Policies and Procedures
package in order to confirm y	is due upon completion of the application our registration and guarantee a seat in our program. registration fee of \$ 40.00* and two week tuition
Please choose from one of the tuition payments	following payment options to complete your summer
	□ <u>Payment Plan A</u>
3 addi	ional Payments of \$ each Due
	2019
	2019
	2019
	□ Payment Plan B
5 ada	itional Payments of \$ each Due:
3 mil	2019
	2019
	2019
	2019
late fee will be incurred 15 m No Personal Checks will be a	summer are 8:00am-5:00pm Monday-Friday. A \$25.00 nutes after your child is scheduled for pick-up. scepted. All Payments are to be by Cash or Money Order After School Program and Day Camp.
adhere to them accordingly. I	e Bright Star payment policy and procedure and I agree tunderstand that habitual lateness, fees, or a long-time ult in my child being released from the program.
Parent/Guardian Signature	
Bright Star Representative	
* The 40.00 registration fee is waiv	ed for students currently enrolled in Bright Star After School