

Whispering Forest Elementary School  
Aftercare Registration Form

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Please Circle: Full Time Part Time Drop In

Allergies (Food or otherwise) \_\_\_\_\_

BILLING INFORMATION: PLEASE NOTE ALL PAYMENTS MUST BE MADE THROUGH YOUR CHILD'S PAYMENT PLUS ACCOUNT. The person listed below is legally responsible for payment.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

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Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Guardian's name (if Applicable): \_\_\_\_\_

Student lives with: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent's place of employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Extension \_\_\_\_\_

NOTE: After care ends promptly at 6:00pm. If no one is here to pick up student, we will begin calling your emergency contact list to have your child picked up from school.

EMERGENCY CONTACT LIST: (Please list in the order you want them called)

Please list all persons who have permission to pick up your child from the Aftercare Program:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Is there a separation, divorce, or custody concern of which our staff should be aware of? YES NO

If so, you must provide a copy of the legal documents to keep on file.

It is very important that we know if your child has allergies or is receiving special services for any condition. If needed, please explain/list on a separate sheet of paper and attach to the registration form. Thank you.

## Whispering Forest Elementary Aftercare Program

### Payment Schedule for 2021-2022 school year.

Payments for registration and aftercare fees **must** be paid through your child's payment plus account and must be kept current. Funds from the aftercare program are used to pay employees to watch your child (ren), provide snacks and other materials needed to make the program a success. It is imperative that you make your payments on the due date. Failure to make your payment WILL result in your child (ren) NOT being allowed to stay in aftercare. NO EXCEPTIONS.

The first month of **MUST** be paid at the time you register.

Payment due dates are as follows:

| Month  | Due Date                       | For office use only |
|--|--------------------------------|---------------------|
| <b>August</b>  | <b>At time of Registration</b> |                     |
| September  | August 25                      |                     |
| October  | September 25                   |                     |
| November   | October 25                     |                     |
| December   | November 25                    |                     |
| January  | December 25                    |                     |
| February   | January 25                     |                     |
| March  | February 25                    |                     |
| April  | March 25                       |                     |
| May  | April 25                       |                     |
|  |                                |                     |
| <b>PLEASE NOTE: AFTER THE LAST DAY OF THE MONTH, A \$25.00 LATE FEE WILL BE ADDED TO YOUR ACCOUNT.</b> |                                |                     |

\*\*\*\*\*Please note there is a 5 day grace period at the end of each month to get your payment in. After the last day of the month, any payments not received will incur a \$25.00 late fee. Please understand that making payments on time ensures our programs expenditures are paid on time.

If you have any questions about the payment plan, please feel free to contact me at [Taska.Lipham@stpsb.org](mailto:Taska.Lipham@stpsb.org).

Thank you,

Taska Lipham  
Program Director

By signing below, I acknowledge that I have been notified of the payment schedule for the 2021 – 2022 aftercare school program and understand if payment is not made, my child will NOT be allowed to stay in aftercare.

Child's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_