



Tender Years

Learning Center After School Care Registration Form

Child's Last Name: _____ Child's First Name: _____

Gender: (Please circle) M F Child's Current Grade : _____

Please check one	# of days per week	\$ per month
	5 days Monday through Friday	\$276.00
	4 days one of which is Wednesday (please circle days needed) M T (W) TH F	\$239.00
	4 days Monday, Tuesday, Thursday, Friday	\$198.00
	3 days one of which is Wednesday (please circle days needed) M T (W) TH F	\$203.00
	3 days (please circle days needed) M T TH F	\$156.00
	2 days one of which is Wednesday (please circle days needed) M T (W) TH F	\$166.50
	2 days (please circle days needed) M T TH F	\$115.50

- Yes No
- Does your child have any health problems? If yes, please explain on back of this form
- Any known allergies? If yes, please list here: _____
- Are there any foods your child cannot eat? If yes, please list here: _____
- Any vision, hearing, or speech problems? If yes, please explain on back of this form.
- Are there any medications given regularly? If yes, please list here: _____

Signature of Parent/Guardian 18 years of age or older: _____

Date: _____