



# After School Program Registration Form

Child's Name: \_\_\_\_\_ Gender: M F Grade: \_\_\_\_\_  
 Age: \_\_\_\_\_ DOB: \_\_\_\_\_

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

**Parent Information**

Mother's Name: _____	Father's Name: _____
Address: _____	Address: _____
Day Phone: _____	Day Phone: _____
Evening Phone: _____	Evening Phone: _____
Employer: _____	Employer: _____
E-mail: _____	E-mail: _____

I, the parent/guardian of the above mentioned child, understand that full payment is due at the time indicated in the payment options chart. If full payment is not received by the deadline my child will be removed from the registration list and not permitted to attend. I understand that ASP pick-up ends at 5:00pm each day and that I may be subject to additional fees if I fail to pick my child up on time.

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

**Photo Release:** By checking this box I hereby grant the UMF FRC permission to use, reproduce, publish or distribute any photographs, films, videotapes, and or sound recordings of my child for use in media materials the UMF FRC may create to market this program.

Payment Options	Members	Non-Members
<b>Monthly</b> (Payments due 1 <sup>st</sup> business day of each month)	\$40	\$60
<b>Semester</b> (Payments due Sept. and Feb. <b>in full</b> )	\$150	\$225
<b>Yearly</b> 10% off semester rate (Approximately 10 months; <b>payments due in full</b> )	\$270	\$405

**For Office Use Only**

Member Rate: \$\_\_\_\_\_ per M / S / Y  
 Non-Member Rate: \$\_\_\_\_\_ per M / S / Y

Waiver  
 Emergency Form

Date	\$	Initials