Copiah After Care
Application

Parents Name: _____

Street Address: _____

City:_____State:_____Zip Code:_____

Home Phone:_____Mother's Cell: _____

 Dad's Cell:_____Email: _____

Emergency Contact Information: (if parents can't be contacted)

Name:_____Cell: _____
Name:_____Cell: _____

The following people are allowed to pick my child up from After Care

Name:_____Relationship:_____
Name:_____Relationship: _____
Name:_____Relationship: _____

Children to be enrolled:

Name:_____Grade:_____
Name:_____Grade:_____
Name:_____Grade:_____

Please mark status:
_____ Registration fee $50.00 per year
_____ Drop-in basis only ($10 daily / per child)
_____ Part-time basis ($8 daily / per child)
_____ Full-time basis ($100.00 per month w/payment due by the 5th)
_____ ½ day Drop-in ($15 day / per child)