

Print legibly

Bill To (person responsible for payments)

Parent 1:

Name : _____

Street Address: _____

City _____ State: _____ Zip: _____

email address: _____

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

Signature of person responsible for payments:

_____ Date: _____

check here if parent 2 lives at a different address and you want him/her to receive copies of monthly statements

Parent 2:

Name : _____

Street Address: _____

City _____ State: _____ Zip: _____

email address: _____

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

Do(es) your child(ren) have any food allergies? Be Specific.

Do(es) your child(ren) have any special physical limitations, emational needs, or behavioral issues of which CASP staff should be aware?

I have read and fully understand all of the policies of the Canyon After School Program. I agree by the terms of participation in the program.

Parent Signature: _____ Date: _____

**Canyon After School Program
Enrollment Application
2011 - 2012 School Year**

Please include a \$30 application fee. The application fee helps defray the costs involved in setting up and maintaining your account and is nonrefundable. Also include your first tuition payment (see tuition schedule) in one check payable to CASP. Minimum enrollment is 4 hours per week per child. We are unable to process your application without these payments.
Thank You.

Please enter your child(ren)'s CASP schedule below:

Child 1: First Name _____ Last _____
Gender: _____ Age: _____ Birthdate: _____ Grade Sept. 08: _____

M	Time In _____ PM	Time Out _____ PM
T	Time In _____ PM	Time Out _____ PM
W	Time In _____ PM	Time Out _____ PM
TH	Time In _____ PM	Time Out _____ PM
F	Time In _____ PM	Time Out _____ PM

K-Care

Child 2: First Name _____ Last _____
Gender: _____ Age: _____ Birthdate: _____ Grade Sept. 08: _____

M	Time In _____ PM	Time Out _____ PM
T	Time In _____ PM	Time Out _____ PM
W	Time In _____ PM	Time Out _____ PM
TH	Time In _____ PM	Time Out _____ PM
F	Time In _____ PM	Time Out _____ PM

K-Care

* Time In (MTRF): 3 PM / Time Out: must be on the hour or half hour
Time In (W): 1:30 PM / Time Out: must be on the hour or half hour

