

NWC A³ After School Enrollment Form

DATE: _____

CHILD'S NAME (PLEASE PRINT) _____

GRADE _____

LEGAL PARENTS/GUARDIANS NAME
(PLEASE PRINT) _____

EMERGENCY PHONE NUMBERS:

1. MOTHER/GUARDIAN-CELL: _____ WORK _____

2. FATHER/GUARDIAN-CELL: _____ WORK _____

BILLING-ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

LIST ANY ADDITIONAL PEOPLE WHO CAN PICK UP YOUR CHILD IN CASE YOU ARE UNABLE TO:

1. _____ RELATIONSHIP _____

2. _____ RELATIONSHIP _____

____ PLEASE CHECK HERE IF YOU ARE CHOOSING **PART TIME** (\$10 PER HOUR CHARGED TO YOUR CREDIT CARD ON THE 1ST OF EACH MONTH) **YOU MUST INCLUDE CRED CARD INFO**

____ PLEASE CHECK HERE IF YOU ARE CHOOSING **FULL TIME** (\$250 A MONTH DUE ON THE 1ST OF EACH MONTH BY AN AUTOMATIC CREDIT CARD CHARGE DEDUCTION) **YOU MUST INCLUDE CREDIT CARD INFO**

____ **(FULL TIME ONLY)** PLEASE CHECK HERE IF YOU ARE GOING TO PAY THE FULL TIME RATE BY CHECK, CASH, OR MONEY ORDER ON THE 1ST OF EACH MONTH.

WE ACCEPT ONLY VISA/MASTERCARD

CREDITCARD# _____ CVCODE: _____

EXPDATE: _____ CREDITCARDHOLDERS SIGNATURE _____

CREDIT CARD BILLING ADDRESS IF DIFFERENT FROM ABOVE _____

PLEASE SIGN HERE THAT YOU HAVE **READ AND UNDERSTAND** NWC A³ POLICIES AND BILLING DESCRIPTIONS. BY SIGNING BELOW YOU ALSO AGREE TO PAY ALL FEES OWED FROM

X _____