

**Child's Information:**

Child's name	Grade/teacher
How many days will your child attend?	

Allergies:
Meds:
Any concerns:

**Parent 1 Info:**

Name	Address
Home phone	Work phone
Cell phone	Email

**Parent 2 Info:**

Name	Address
Home phone	Work phone
Cell phone	Email

**Persons authorized to pick up other than parents**

Name	Relationship	Cell number
1		
2		

**Pick Up Late Fee Policy:**

All students are to be picked up by **5:30 pm, promptly.**

If you pick up your child after 5:30 pm, there will be a \$10.00 late fee. Additionally, there will be a \$10.00 fee for every 10 minutes past 5:30 pm until you pick up your child. For example, if you do not pick up your child until 6:00 pm, a late fee will be \$30.00. The late fee payment must be paid upon late pick up of your child on the day of the event.

**Repeated late pick up will result in your child's termination of attendance to this program.**

We understand that traffic can be challenging, but we expect all children to be picked up on time. Traffic issues do not excuse the late fee policy.

**Payment Policy:**

Payments are due **BEFORE** the first school day of the month for the month ahead.

There is a \$5.00 late fee for every day that the payment is late.

We look forward to having your children included in our program, and we appreciate your commitment to adhere to the program policies.

**I agree to a commitment of 1 year to the PSCS BSC/ASC program, and agree to pick up late policy, as well as the late fee policy. I also understand that payment is due BEFORE the first school day of each new month for the month ahead. There is a late fee of \$5.00 PER CALENDAR DAY for each day that the payment is late.**

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Parent's printed name

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Parent's signature