W. C. Griggs Elementary Before/After School Care Program Registration Form/Behavior Contract Grades K-5th

Before School: 6:30-7:35 a.m.

Parent Signature

After School: 3:00-6:00 p.m.

Date

Student Name:			
Student Name:	Teacher/Grade	Teacher/Grade	
Student Name:	Teacher/Grade		
Guardian Information			
Mother's Name:	Work#	Cell#	
Father's Name:	Work#	Cell#	
Medical Information			
*Allergies *Frequent Nosebleeds *Pl	ease state any health concer	rn that our staff should be made aware.	
	ct Persons (other than parent		
2			
3			
If W. C Griggs is unable to reach me, and the seek medical treatment: Yes No		attention, I hereby grant my permission for then	n to
By enrolling my student (s) in W. C. G	riggs Before/After School Ca	are Program, I agree to the following:	
Payment for services MUST BE PAIL	the Friday prior/before the wee	k of service. Post dated checks are not accepted.	
We <u>do not</u> prorate payments du			
 \$5.00 late fee will be charged fo Services will be terminated/stop 	10.7 ·	issessed each day per child.	
Service may resume when paym		received.	
beginning at 6:00 p.m. After the	3 rd late pick up your student w	ement late charge will be assessed (added) vill be dismissed from the program.	
	it/emergency contact cannot b	ool Care staff will call parent/emergency con be reached, Before/After School Care staff m stance	
The MCPSS Student Code of Cor			
 Griggs after school care is a pr follow the rules will be dismiss 		vide for our parents. Children that cannot	
I understand that once my start from after school care, and I		nt Behavior Notices, they will be dismiss arrangements.	ed