

**Einstein Academy**  
After School Program Application 2017-18

Date of Application \_\_\_\_\_

<b>Applicant/Child</b>	
Last Name:	First Name:
Date of Birth:     /     /	Current Grade:
Address:	
City:	Zip:
Medications:	Allergies/restrictions:
DX/Conditions:	Do you have med form on file? y/n

<b>Primary Parent to Contact</b>	<b>Additional Parental Contact</b>
Name:	Name:
Phone Number:	Phone Number:
Additional Number:	Additional Number:
Email:	Email:

<b>Emergency Contact</b>	<b>Emergency Contact</b>
Name:	Name:
Phone Number:	Phone Number:
Additional Number:	Additional Number:
Relationship to child:	Relationship to child:

**Guidelines**

All rules and guidelines stated in the handbook are applicable to the after-school program.

Children should be picked up no later than 5:30 pm. A late pick-up fee of \$10 will be charged for the first 5 minutes and an additional \$1 per minute after that time.

Weekly Cost: \$100     Daily Cost \$20 a day M-Th; \$30 on Fridays     Payment: Due Weekly by Friday. You may pay ahead. If you have not paid in more than a week you child may not attend.

*The Einstein Academy does not discriminate in admissions on the basis of race, color, religion, gender or national origin. In-accurate or misleading information provided by the applicant or guardian on this form or at any time during the admissions process may result in denial of acceptance.*

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date