
BEFORE AND AFTER SCHOOL REGISTRATION FORM



Student's Name: _____ Grade & Teacher: _____

Day/Day(s) Being Registered For: _____

Please Check the Box for All that Apply:

Before Care:
7:30 AM-8:15 AM

After Care:
4:00 PM-6:00 PM

**Registration and Payment Must Be made in Advance.*

Date: _____ Parent's signature: _____

For long-term registration, please contact INSERT CONTACT FOR LONG TERM REGISTRATION.

Please complete the registration form and submit payment to care@pioneeracademy.org.