

**BLOCKS**  
**Registration Agreement**  
**August 2017-May 2018**

*I understand that no refund will be made for non-attendance.*

Child's Name \_\_\_\_\_ M/F  
Age \_\_\_\_\_ DOB \_\_\_\_\_

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_  
Cell Phone (mom) \_\_\_\_\_  
Cell Phone (dad) \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Phone Number \_\_\_\_\_

Helpful Info. (allergies, fears, recent major changes or medications) \_\_\_\_\_

Benadryl Dosage: \_\_\_\_\_ Application of Sunscreen by CLP – Y/N

**Before School Program (7:00 – 9:00)/After School Program (3:00 -6:00)**

	A.M.	P.M.
Mondays	_____ (\$18.00)mthly	_____ (\$35.00) mthly
Tuesdays	_____ (\$18.00)mthly	_____ (\$35.00) mthly
Wednesdays	_____ (\$18.00)mthly	_____ (\$35.00) mthly
Thursdays	_____ (\$18.00)mthly	_____ (\$35.00) mthly
Fridays	_____ (\$18.00)mthly	_____ (\$35.00) mthly

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Monday – Friday \_\_\_\_\_ (\$235.00) mthly (A.M. and P.M.)  
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**Drop offs :** A. M. \$8.00 per day (7:00 – 9:00)  
P. M. \$14.00 per day (3:00 – 6:00)

Registration Fee: \$125.00 yearly