

Community CARES Learning Center @ NFCS
Program Registration Form- 2nd to 8th grade
2009-2010—Session 2

Name: _____ Age: _____

Grade _____ Class: _____

Address _____ City, State, Zip _____

Parent/Guardian Name _____

Home Number _____ Work Number _____

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Please check days you want your child to attend:

Monday Tuesday Wednesday Thursday Friday

Please check the program(s) you want your child to attend:

Shake it Up Digital Media Checkmate Discovery Club Basketball Glee Club

Arts & Desing Friday (Arts & Crafts/Board Games/ Iron Chef)



Emergency Contact _____

Phone Number _____ Relationship _____

Emergency Contact _____

Phone Number _____ Relationship _____

At the end of the program day, my child will:

- Walk home Take SEPTA
 Be picked up

*****Please list all people who are allowed to pick up your child (if this changes please notify the CARES office):**

By signing below, I have read and understand the programs that I have registered my child for and agree to pay the fee of \$35/week or \$8/day. I also understand that it is my responsibility to arrange for transportation at the end of the program day at 6pm, and that there will be a \$5/per 15 minute late fee.

I am also aware and give permission for CARES administration to communicate with NFCS teachers and staff about my student's academic and behavioral performance. I understand that CARES administration will have access to my students school records.

*Only check off you do not agree to the terms above:

I do not want CARES staff to communicate with school staff and have access to school records.

Signature _____ Date _____

*Community CARES Learning Center @ New Foundations Charter School
8001 Torresdale Avenue, Philadelphia, PA 19136 215-624-8100 x2*