



## Glenbrook School Extended Day Program

### ENROLLMENT FORM 2019-20

#### After School Program:

Monday through Friday, from the end of the school day until 6:00 p.m.;  
closed on school holidays.

Today's Date: \_\_\_\_\_

### 1. Student Information

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

Allergies/Food: \_\_\_\_\_

Chronic Illness/Medication: \_\_\_\_\_

Names of siblings who will also attend After School: \_\_\_\_\_

### 2. Parent/Guardian Information

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### 3. Student Pick-Up Information

Please list persons with phone numbers who you give permission to pick-up your child from the program.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### 4. Emergency Contact Information

In the event of an emergency, please list two people we may contact who know your child and can take full responsibility should you not be available.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### 5. Payment Information

I am enrolling my child in the following program:

Full time \_\_\_\_\_ Number of children \_\_\_\_\_

Method of payment (circle one)      Check (PIF for year)      \$2,052 per child per year (5% discount included).  
SmartTuition (monthly)      \$240 per child per month.

Drop in (daily) \_\_\_\_\_ \*This is on an "as needed" basis. Payment will be made via Paypal.

Drop in (weekly) \_\_\_\_\_ \*This is on an "as needed" basis. Payment will be made via Paypal.

\*Child's name must be submitted by the Thursday preceeding the week you would need. Spot availability is not guaranteed.