





**CEDARCREST PLUS – AFTERSCHOOL CARE**  
**STUDENT REGISTRATION FORM**

(Page 2) Family Name \_\_\_\_\_

**Anticipated Weekly Schedule of Care:**

*	Monday	Tuesday	Wednesday	Thursday	Friday

\*If children listed above have different schedules please include name of child in this section.

**Potential Frequency of Occasional / Drop in Care Only:**

*	Monday	Tuesday	Wednesday	Thursday	Friday
<b># of potential days per month</b>					

\*If children listed above have different schedules please include name of child in this section.

I acknowledge that my child will abide by the expectations of good conduct and follow any necessary disciplinary measures provided in the 2011-2012 Parent/Student Handbook. I further acknowledge my understanding that payment is due upon receipt of the invoice compiled for using this program.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date signed