

Lisbon School Age Childcare - Registration for School Year 2024/2025

Student's Name _____ Date of Birth _____

Fall Entering Grade _____ Teacher _____ Bus # _____

Please indicate needed enrollment time blocks 7:00am - 8:15am 3:00pm - 6:00pm

Enrollment in / payment for all days is mandatory regardless of attendance.

For attendance purposes please indicate the days of the week your child will be attending.

Monday Tuesday Wednesday Thursday Friday

Home Address _____

Parent Information

Name _____ Best Contact Number _____

Email _____ Second Contact Number _____

Mailing Address if different from above _____

Employer - Full Name and Location _____

Parent Information

Name _____ Best Contact Number _____

Email _____ Second Contact Number _____

Mailing Address if different from above _____

Employer - Full Name and Location _____

Emergency Contacts / Authorized Adults to pick up child. **At least 3 are required.**

Name Phone Number

1 _____

2 _____

3 _____

4 _____

***Parents must notify program manager of any changes in parent or authorized contact/pickup information**

Helpful information about your child/ anything you want us to know.

Annual registration fee of \$30 per family is due and payable at the time of registration.

I have read, understand, and agree to Lisbon School Age Childcare Program Policies

Signature _____ Date _____