

## ESTAR BEFORE AND AFTER SCHOOL PROGRAM REGISTRATION FORM

Please fill out BOTH SIDES of this form and make checks and money orders payable to DSA with a memo noting E-STAR Program and your child's name(s).

CHILD'S NAME: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ HOMEROOM TEACHER: \_\_\_\_\_

ENROLLING IN:  BEFORE SCHOOL CARE     AFTER SCHOOL CARE     BOTH  
 OPTION A     OPTION B     OPTION C     DAILY: \_\_\_\_\_  
(List Days)

STUDENT LIVES WITH:  BOTH PARENTS     MOM     DAD     OTHER

### PRIMARY CONTACT: (Person responsible for paying the account)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Home Ph: \_\_\_\_\_  
City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ Cell Ph: \_\_\_\_\_  
Workplace \_\_\_\_\_ Work Ph: \_\_\_\_\_  
e-Mail (please print) \_\_\_\_\_

### SECONDARY CONTACT: (Spouse or other guardian)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Home Ph: \_\_\_\_\_  
City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ Cell Ph: \_\_\_\_\_  
Workplace \_\_\_\_\_ Work Ph: \_\_\_\_\_  
e-Mail (please print) \_\_\_\_\_

### OTHER CONTACTS (Persons approved to pick up child; in order of emergency contact preference)

	FIRST AND LAST NAME	RELATIONSHIP	PHONE NUMBER
1.			
2.			
3.			
4.			
5.			

**MEDICAL CONCERNS WE SHOULD BE AWARE OF (ALLERGIES, ETC.)**


**INSURANCE INFORMATION:**

CARRIER (Insurance Company Name):	MEMBER NAME (Policy holder):
GROUP #	POLICY #
CARRIER PHONE/CONTACT INFO:	

\_\_\_\_\_  
Initial

**BY SIGNING BELOW, I HEREBY AGREE TO ABIDE BY THE TERMS AND CONDITIONS OF THE PROGRAM AS SET FORTH IN THE BEFORE AND AFTER SCHOOL EXTENDED DAY PROGRAM CONTRACT.**

\_\_\_\_\_  
Initial

**I FURTHER AGREE THAT ANY CHECK THAT IS RETURNED UNPAID, MAY BE RE-PRESENTED ELECTRONICALLY FOR PAYMENT, AND I AGREE THAT A SEPARATE ELECTRONIC DEBIT FROM THE ACCOUNT ON WHICH THE CHECK IS DRAWN MAY BE MADE FOR ANY SERVICE FEES ASSOCIATED WITH THE COLLECTION OF SUCH CHECK AS FURTHER DESCRIBED IN PARAGRAPH 5 OF THE TERMS AND CONDITIONS OF THE PROGRAM.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DEPOSIT PAID: DATE: \_\_\_\_\_

CASH: \_\_\_\_\_ CHECK & NUMBER \_\_\_\_\_ STUDENT NUMBER: \_\_\_\_\_