

**HOPE FOR KIDS SCHOOL-AGE CARE**  
**Registration Form**

Grade level for \_\_\_\_\_ School Year \_\_\_\_\_

Child's Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
City Zip

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Home Phone \_\_\_\_\_

Child's School \_\_\_\_\_

Names of parent or person legally responsible for child \_\_\_\_\_

Address \_\_\_\_\_

Work Phones: Father \_\_\_\_\_ Mother \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Clinic \_\_\_\_\_ Address \_\_\_\_\_

Dentist \_\_\_\_\_ Address \_\_\_\_\_

Names of persons in case of an emergency when parents cannot be reached: (May remove child from school if necessary)

1. \_\_\_\_\_  
Name Address Phone

2. \_\_\_\_\_  
Name Address Phone

Names of persons authorized to take the child from the school (include carpool persons)

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Name Phone Name Phone

3. \_\_\_\_\_ 4. \_\_\_\_\_  
Name Phone Name Phone

Names of persons NOT authorized to take the child from school: \_\_\_\_\_

The following sessions will be available. Please indicate your first and second choices. Hours of operation are 6:30 a.m. to 6:00 p.m.

**Centennial & Middle School**

Five-day program, before OR after school	\$9.50/day _____	Please circle days your child will attend: M T W Th F
Five-day program, before AND after school	\$12.50/day _____	M T W Th F
Three and four-day program, before OR after school	\$10.50/day _____	M T W Th F
Three and four-day program, before AND after school	\$13.50/day _____	M T W Th F

**Richfield Intermediate School**

Five-day program, before school	\$4.00/day _____	M T W Th F
Five-day program, after school	\$11.00/day _____	M T W Th F
Five-day program, before AND after school	\$12.50/day _____	M T W Th F
Three and four-day program, before school	\$5.00/day _____	M T W Th F
Three and four-day program, after school	\$12.00/day _____	M T W Th F
Three and four-day program, before AND after school	\$13.50/day _____	M T W Th F

**Kindergarten**

Extended morning AND after school	\$24.00/day _____	M T W Th F
Extended morning only	\$21.00/day _____	M T W Th F

Fees are due promptly each month. No refunds can be made for absences due to illness or vacation. Please make checks payable to "Hope for Kids" and send to **7132 Portland Avenue South, Richfield, MN 55423**. September tuition and medical records are due August 1. Your child cannot begin Hope For Kids School-Age Care until these records are on file. Classes will begin in September. You will be receiving more information in August regarding the first week's schedule. Thank you for enrolling at Hope School-Age Care. **We accept children of all races, creed, color, national origin or religion. In order to facilitate parents forming car pools, we print class lists with children's names, addresses and phone numbers. We need your permission for this.** Hope School-Age Care has my permission to print my child's address and phone number on a class list to be given only to children (and their parents or legal guardians) attending the school at the same time.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_