2020-2021 FISHER AFTER SCHOOL CARE
ENROLLMENT FORM

Child Name : _____Date of Birth: _____

Address:_____City_____State_____Zip_____Home phone:_____

Father's Name: _____ Cell: _____ Work: _____Email: _____

Mother's Name: _____ Cell: _____ Work: _____Email: _____

Days of Care

After School Care: M T W Th F

Daily Rate	Drop in Rate
$ 8	$10

You will be billed a month in advance for the days you are enrolled.
Credits will be applied to billing in the event of a snow day. Drop in rate applies with 24-hour notice.
A $5.00 per minute fee will be charged when your child is picked up past 5:30 p.m.

Medical Information:

1. Has your child have any known health problems? Yes: _____ No: _____
If Yes, describe: _____
_____

2. Does your child suffer from allergies? Yes: _____ No: _____
If Yes, list allergies: _____
_____

Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

(1) Name: _____

Relationship to child: _____ Phone: _____

(2) Name: _____

Relationship to child: _____ Phone: _____

Signature of Parent: _____ Date: _____

Please email completed form to Emily Moulds at mouldse@fisher.k12.mn.us