



After School Registration Form

Child's Name

Parent's Name

Address

City

State

Zip

Phone Number

email address

School

Grade

Please circle if you need Full Time (4 to 5 days) or Part Time Care (up to 3 days).

Please circle the days you need your child picked up from school.

Monday Tuesday Wednesday Thursday Friday

Will we pick up your child on the first day of school?

Please include any other details we need to know about your child's schedule.

Please include your \$25.00 Registration fee with this form. Make checks payable to Faith Kid-Necton Thank You.

Please tell us how you heard about Kid-Necton _____