



After School Care Registration Form

After School Care Registration Form

School Year: 2025–2026

1. Student Information

Student Name: _____

Grade (2025–26): _____ Teacher/Homeroom: _____

Does your child have any allergies or medical conditions? ☐ Yes ☐ No

If yes, please explain: _____

Does your child have a sibling in after care? ☐ Yes ☐ No

2. Parent/Guardian Information

Primary Parent/Guardian Name: _____

Phone Number: _____ Email: _____

Secondary Parent/Guardian Name: _____

Phone Number: _____ Email: _____

3. Emergency Contact (other than parent/guardian)

Name: _____ Relationship: _____

Phone Number: _____

4. Authorized Pick-Up Persons

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

5. Permissions & Acknowledgments

- ☐ I give permission for my child to participate in the BridgePrep Academy After School Care Program.
- ☐ I understand that tuition is due monthly as detailed in fee schedule and that late pickup fees will be applied as specified in Before and After Care Program Agreement
- ☐ I authorize aftercare staff to use photographs of my child at school activities special recognitions, school website and social media posts, and

Check all that apply:

Before Care ☐

After Care ☐

Sibling Care ☐

NO CASH ACCEPTED

**Payments can be made with
Debit/Credit card or
MoneyOrders payable to
BridgePrep Academy**

Parent/Guardian Signature: _____ Date: _____