

 **CREC**
Capitol Region Education Council
Reggio Magnet School of the Arts
After Care Program

DROP IN FORM

(Please complete and turn in to your child's teacher along with payment prior to Drop In dates needed.)

Student's name: _____

Classroom Teacher: _____

Grade: _____

Date/s Attending After Care: _____

Emergency Information

Parent/Guardian Name: _____

Phone numbers:

Home: _____ Work: _____ Cell: _____

Emergency Contact Person: _____

Home: _____ Work: _____ Cell: _____

Persons authorized to pick up child other than yourself:

Any allergies or information beneficial to helping your child:

Drop In Rate - \$ 15.00 per day

_____ Total Number of Drop In Days

\$ _____ Total Amount Enclosed

(Checks made payable to CREC)

*** ALL AFTER CARE FORMS ARE ONLINE AT WWW.CREC.ORG***

