



TANQUE VERDE EXTENDED CARE REGISTRATION To Add Siblings 2020-2021

PLEASE PRINT, FILL OUT COMPLETELY AND SIGN BOTH SIDES

Name of child _____ Birthdate _____ M F

School _____ Grade in fall 2020 _____

Teacher _____ Will attend Afterschool at ACES or TVES

If unchanged– write **SAME** but please make sure we have the correct email (one you use in Procure) and phone numbers

Parent/Guardian Name: _____ Email: _____

Parent Address: _____ City: _____ AZ Zip: _____

Primary Contact Cell Phone Number: _____ Work Phone _____

Parent/Guardian Name: _____ Email: _____

Parent Address: _____ City: _____ AZ Zip: _____

Primary Contact Cell Phone Number: _____ Work Phone _____

PLEASE MAKE SURE WE HAVE AT LEAST TWO OTHER CORRECT EMERGENCY CONTACTS

I authorize the following individuals to collect my child from TVECP in case of emergency or if I cannot be contacted: **(two contact persons are required)**

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

This person MAY NOT pick up my child: _____

Are there any allergies, health conditions or physical limitations that we need to be aware of?

If access to medication is necessary, please ensure staff has medication along with the required consent form.

Please inform us of your intended schedule by circling applicable choices below. School year options are Monthly OR Daily and that **attendance schedule choice remains your calendar option for the entire school year.**

School year Monthly Options: (Payment is the same amount each month, August through May)

Afterschool only (\$265) Before and Afterschool (\$305) AM only (\$90)

OR

School Year Daily Options: PM (M,T,Th,F) PM (Wednesday) AM

Signature of parent/guardian _____ Date _____