



**2019-2020**

701 Paloma Avenue  
Burlingame, CA 94010  
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[acwschools.com](http://acwschools.com)

**BEFORE & AFTER-SCHOOL REGISTRATION FORM**

Please include your **\$125.00 non-refundable** registration fee with your form.

Child's Name: \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Parent Name: \_\_\_\_\_ Hm Phone: \_\_\_\_\_

Wk Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Hm Phone: \_\_\_\_\_

Wk Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I am interested in the (check all that apply):

\_\_\_\_\_ Before-School Program Days: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_ After-School Program Days: \_\_\_\_\_ Time: \_\_\_\_\_

**My child's 1<sup>st</sup> day at A Child's Way will be:** \_\_\_\_\_  
(Date)

OFFICE USE ONLY: Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_