

Must be Complete for Every Family
Colt Care Registration Information 2010-2011

Family Last
Name: _____

Student Name(s): _____ Grade _____

_____ Grade _____

_____ Grade _____

Mother's Name

Father's Name

Work No.: _____

Work No.: _____

Pager No.: _____

Pager No.: _____

Cell No.: _____

Cell No.: _____

Emergency Information

Person to Contact If Parents Are Unavailable:

Name

Phone No.

Authorized Pick Up (Must have valid Identification with Picture):

Name

Phone No.

The Names on the Authorized List have permission from both parents to sign out the student(s) any day of the school year until further notice. If name is not on the list, Colt Care must have a written note giving permission to pick up with parents signature.

Colt Care Billing Plans 2010 - 2011

Monthly Plan

PK – 8th Grade-----Morning Colt Care.....\$ 60.00/ month per student

PK – 8th Grade-----Afternoon Colt Care....\$195.00/month per student

Hourly Plan

PK – 8th-----Morning (6:45am – 7:35am).....\$6.00 flat rate per morning

PK – 8th -----Afternoons \$6.00 per hour

Late Charges: **\$1.00 per minute after 6:00pm. Late charges are in addition to either plan.**

_____ Monthly Mornings

_____ Hourly Plan

_____ Monthly Plan

Parent Signature