

PS 321 Early Bird Program Registration Form 2024-2025 School Year

* indicates a required field

Date*: _____ Student's Class*: _____

Student's Full Name*: _____

Student's Birthdate*: _____ Gender: _____

Parent/Guardian Name*: _____

Email*: _____ Phone*: _____

Emergency Contact* (if different than above):

Name: _____

Phone: _____ Relationship: _____

Name of Siblings in Program: _____

Please Check One*:

***Multiple day passes are good for any day**

- 20 Day Pass= \$175**
- 10 Day Pass= \$90**
- Single Day Drop-In: \$10**

Do you need sliding scale or scholarship options? _____

Early Bird Terms and Conditions*: Minor accidents requiring first aid will be handled by teachers-in-charge or the school nurse. In the event of a serious accident, parents will be contacted immediately. If parents cannot be reached, parental authorization is needed to take the child to the hospital for emergency treatment. In addition, an accident report will be filed for all injuries. Early Bird payments are non-refundable.

- As parent or guardian of the child named, I am in agreement and authorize the program to follow the procedure and terms stated above.**

Parent/Guardian Signature*: _____ Date: _____

Printed Name*: _____