

APLS Learning Center

After School Care Information

This form is for students who need after school childcare in our learning center. If your child is enrolling to the school as a new student, please also fill out General Application Form which can be downloaded from school's website <http://apls.org/pdf/Registration> Form.

Name of Parent/Guardian: _____

Child's Name: _____ Date of Birth: _____ Age: _____

Address: _____

City: _____ Zip code: _____

Contact Phone Number: _____ Email: _____

1. Days & Time: Please circle all that applies to your child's care.

<u>Day</u>	M	T	W	TH	F
<u>Time</u>					

Name of school your child attending _____

Dismissal Time on M, T, TH and F _____ On Wed. _____

APLS school van pick-up request: Yes ____ No ____

If yes, time on M, T, TH & F: _____ On Wed. _____

If yes, pick-up location _____

2. Afterschool care pick-up by

Parents _____ or _____

Pick-up time: _____

Please pick up your child by 6 pm.

3. Other information: _____