New Vistas' Aftercare Drop-in Form

Student's Name	DOB						
Teacher	Grade						
Home Address							
Parent 1							
	Phone Work Phone						
Parent 2							
Cell Phone	e Work Phone						
Names and numbers of ind	ividuals who are au	thorized to pick up your child	l:				
(2 Required)							
Name	Number						
Name	Number						
Name	Number						
Time Needed:							
☐ Drop-in Only	\$20 / Hour	\$12 / ½ Hour					
Please make checks payable	to New Vistas or N\	CE.					
Allergies/ Health Issues							

Notes:		
	OFFICE USE ONLY	
Hours:	Sibling (s):	

	Date	Time/Hours	Amount	Payment		
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