



PTP School-Age Program Registration Form

Check one or both:
School Year 2013-2014 _____

Child/Guardian Information
Please use one form per child and print neatly.

Child's name _____

Birth date ____/____/____ Grade in fall 2013 _____

School attending in fall _____

Address _____

City _____ State _____ Zip _____

Home phone _____

E-mail address _____

Parent/Guardian _____ Home phone _____

Work phone _____ Cell phone _____

Address (if different than child's) _____

Parent/Guardian _____ Home phone _____

Work phone _____ Cell phone _____

Address (if different than child's) _____

Program Registration

Registrations are accepted on a first come, first serve basis with full-time registrations receiving priority. Part-time openings are limited, but available around full-time schedules. Before and after school care is scheduled at both the SSP and IGH locations; school release day care will be offered at the South St. Paul location for all families. Locations and offerings are subject to change based on enrollment. During the school year, bussing will be available for both Lincoln Center and Kaposia in SSP, but Kaposia students may be charged an annual transportation fee by the district for this service (PTP will pay a portion of this fee for each family). IGH students will have bussing available at the IGH location only.. Care is available from 6:30 am until 6:00 pm Monday through Friday. Sibling discounts and/or military discounts will continue to apply to all of our schedules offered. County assistance will also be accepted for school-age care.

2013-2014 School- Year	5 days per week	4 days per week	3 days per week
Before school ONLY	o \$65 per week	o \$60 per week Circle: M T W H F	o \$45 per week Circle: M T W H F
After school ONLY	o \$65 per week	o \$60 per week Circle: M T W H F	o \$45 per week Circle: M T W H F
Before and After School	o \$125 per week	o \$120 per week Circle: M T W H F	o \$90 per week Circle: M T W H F

Please indicate what school your child will be attending for the 2013-2014 school year:

What type of transportation do you plan to use: _____

**Please check here if interested in school-release days during the 2013-2014 school year: _____

Prices for school-release days are as follows: \$160 per week for full weeks of care; \$35 per day for full day care; \$25 per day for early-release days

Parent/Guardian Authorization

Please check and initial the following:

Pathways to Play (PTP) school-age programs may include, but are not limited to, jumping, climbing, running, swimming, or other activities that involve inherent risk. As the parent/guardian of this child, I recognize the inherent risk that is involved in jumping, climbing, running, swimming and other activities that involve inherent risk and agree to hold Pathways to Play Early Learning Center harmless from any and all claims.

Yes

No

Initials _____

By signing below, I wish to register my child in the PTP School-Age program:

Parent/guardian signature _____

Date ____/____/____