



Before/After Care Request Form

All students must be approved by the administration before being enrolled in the before/aftercare program. You will be notified of the approval status once the review process is complete.

Student Information:

Student: _____ Teacher: _____ Grade: _____

Type(s) of Care Needed:

Before School Care After School Care

Days Needed:

Monday Tuesday Wednesday Thursday Friday

Care Schedule:

Start Date: _____ End Date: _____

Medical Information:

Does the student have any medical conditions or allergies?

Yes (Please specify): _____

No

Parent/Guardian Agreement: By signing below, I acknowledge that I have read and understand the terms and conditions of the before/aftercare program. I agree to abide by the policies and procedures set forth by the school/organization.

Name of Parent/Guardian

Signature of Parent/Guardian

Date

This form is to be emailed to info@shapingacademy.com or brought into the main office.

FOR ADMIN USE ONLY:

Approved By: _____ Date: _____