



Endeavor Hall

Aftercare Registration Form Kindergarten-6th Grade 2024-2025

Please print clearly with blue or black ink

Child's Full Name: _____ Birth Date: _____

Name Child goes by: _____

Child's Grade: _____ Child's Teacher: _____

Primary Guardian Full Name: _____ Phone: _____

Address: _____

City/Zip: _____

Email: _____

Secondary Guardian Full Name: _____ Phone: _____

Address: _____

City/Zip: _____

Email: _____

Parent/Guardian with legal custody: _____

Emergency Contacts/Authorized to pick up my child other than Primary/Secondary Guardians.

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Photo ID is always required

Person(s) NOT authorized to pick up my child:

Name: _____ Comment: _____

Consent to Emergency First Aid & Transportation:

I hereby give permission for my child, _____, may be given emergency treatment by a staff member of Endeavor Hall Aftercare. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment, and agree to hold Endeavor Hall and employees harmless.

Parent/Guardian Signature: _____ Date: _____

Consent to Medical Care and Treatment:

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold Endeavor Hall and employees harmless.

Parent/Guardian Signature: _____ Date: _____

Any food allergies and/or health conditions we need to be aware of:

Endeavor Hall Aftercare Fees 2024-2025

Endeavor Hall K-6 Aftercare Program:

A monthly flat rate of **\$150.00** will be directly withdrawn from bank accounts.

Fee waivers are available.

Parents must sign up for direct withdrawal or qualify for a fee waiver in order to participate in the Endeavor Hall after school program. If fees are not paid, students will be excluded from the program.

SPEND PLAN

K-6 Aftercare Program Fees will be used for the following:

1. To supplement wages of hourly paid staff who run the program.
2. To supplement the purchase of supplies, including healthy snacks, and materials used by the students attending the Aftercare Program.

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2024-2025 Auto Aftercare Pay Form

Personal Information

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Auto Pay Amount

Checking

Financial Institution

Savings

Financial Institution Address

Account Number

Routing Number

Monthly Amount

I understand that the pay amount will be withdrawn on the 5th working day of each month beginning in September and ending in May and shall only be for the school year indicated above. I understand that I, or Endeavor Hall, may cancel this auto pay authorization at any time.

I authorize Endeavor Hall to initiate debit entries, and adjustment entries for any entry made in error, to my account indicated above and the financial institution named above.

Payor Signature

Date

Please attach a voided check (not a deposit slip) or debit authorization form from your financial institution.