

MANDEVILLE SPORTS COMPLEX  
AFTER CARE PROGRAM

INFORMATION:

Child's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Grade \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_  
Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Health Insurance Co. \_\_\_\_\_ ID \_\_\_\_\_  
Group \_\_\_\_\_ Physician \_\_\_\_\_  
Mother: \_\_\_\_\_ Father \_\_\_\_\_  
Employer \_\_\_\_\_ Employer \_\_\_\_\_  
Home # \_\_\_\_\_ Home # \_\_\_\_\_  
Cell# \_\_\_\_\_ Cell# \_\_\_\_\_  
Work# \_\_\_\_\_ Work # \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_  
If divorced who has legal custody of child? \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Allergies to drugs or food \_\_\_\_\_

**AFTER CARE HOURS: 3:00 PM TO 6:00 PM**

After 6:05 pm there will be \$1 per minute charge for every minute past 6:05 pm.

**REQUIRED FEES - To be submitted with registration form**

\_\_\_\_\_ \$25.00 Non-refundable registration fee  
\_\_\_\_\_ \$140.00 Per month includes one gymnastics or karate class per week  
\_\_\_\_\_ \$150.00 Per month with Van Service  
\_\_\_\_\_ \$90.00 Per session for additional class

**PAYMENTS ARE DUE BY THE 1<sup>ST</sup>.**

Payments made after the 5<sup>th</sup> will be assessed a late fee of \$15.00.

Additional ADULTS who have permission to pick up your child.

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____