

Before School Program Registration

Your spot in the program will be secured by:

- 1) A \$60 / kid deposit which will be applied to your last month – **non-refundable**
- 2) The completion of this registration form and completion of an automatic withdrawal form (Credit Card or ACH).



First payment will be taken out in Sept.

For Office Use Only:

Credit Card	_____	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> </div>
Checking Account (ACH)	_____	INITIALS
Deposit Paid	_____	

- \$150 month (per child)**
- \$110 3 days a week (per child) Circle M Tu W Th F**

Participant's Last Name First Name M/F Grade 2018/19

First Name M/F Grade 2018/19

Street Address City Zip Code

Home Phone # E-Mail Address (Mandatory)

Name of Parent/Guardian Phone #

Name of Parent/Guardian Phone #

Indicate any allergies/health concerns/physical limitations:

I understand that Freeland Community Sports Association (FCSA) and Freeland Schools & its departments, employees, agents, sponsors, co-sponsors, & contractors - assume NO responsibility for any injury that may be suffered by the participant and that the participant assumes all risk, personal injury, loss & damage of property. Fully release from liability and/or damages, Tittabawassee Township and all of its parties from injury or damages on behalf of our child and/or ourselves. In case of emergency I give my consent to emergency medical treatment. By signing below, I consent that my child/children are in good health and that my child/children's immunizations are up to date and on file with Freeland Community School District.

Signature of Parent/Guardian Date

