



## SOAR Program Registration Form 2017-2018

**FAMILY NAME:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**CHILDREN:** 1. \_\_\_\_\_ GRADE \_\_\_\_\_  
2. \_\_\_\_\_ GRADE \_\_\_\_\_  
3. \_\_\_\_\_ GRADE \_\_\_\_\_  
4. \_\_\_\_\_ GRADE \_\_\_\_\_

**SERVICES REQUIRED:**

_____ AM & PM PROGRAM – FULL TIME (Monday to Friday)	<b>Drop-off Time (am)</b> _____ <b>Pick-up Time (pm)</b> _____ 4:15 _____ 5:00 _____ 6:00
_____ AM PROGRAM ONLY – FULL TIME (Monday to Friday)	<b>Drop-off Time (am)</b> _____
_____ PM PROGRAM ONLY – FULL TIME (Monday to Friday)	<b>Pick-up Time (pm)</b> _____ 4:15 _____ 5:00 _____ 6:00
_____ AM & PM PROGRAM – PART TIME	<b>Drop-off Time (am)</b> _____
_____ AM PROGRAM ONLY – PART TIME	<b>Pick-up Time (pm)</b> _____ 4:15 _____ 5:00 _____ 6:00
_____ PM PROGRAM ONLY – PART TIME	<b>Drop-off Time (am)</b> _____
_____ AS NEEDED SERVICE	<b>Pick-up Time (pm)</b> _____ 4:15 _____ 5:00 _____ 6:00

**MOTHER:** \_\_\_\_\_ **FATHER:** \_\_\_\_\_  
**DAY PHONE:** \_\_\_\_\_ **DAY PHONE:** \_\_\_\_\_  
**PLACE OF BUSINESS:** \_\_\_\_\_ **PLACE OF BUSINESS:** \_\_\_\_\_

**ALTERNATE CONTACTS:**  
1. NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
2. NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
3. NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

(Office Use Only) **\$25.00 Registration Fee Paid:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Check#:** \_\_\_\_\_  
**SOAR Volunteer/Exempt from Registration Fee:** \_\_\_\_\_