



MUSTANG AFTERCARE

2022-2023 REGISTRATION

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Home Address _____

City _____ State _____ Zip _____

Father's Name _____ Cell Phone _____

Employer _____ Employer's Phone _____

Mother's Name _____ Cell Phone _____

Employer _____ Employer's Phone _____

We choose to pay for aftercare:

_____ Monthly rate included in FACTS tuition management

_____ Daily rate that is billed monthly

We plan to utilize aftercare on the days circled below: MON TUE WED THURS FRI

Two or Three emergency contacts if the office is unable to reach parents:

Name _____ Phone _____

Relation to you _____

Name _____ Phone _____

Relation to you _____

Name _____ Phone _____

Relation to you _____