ACCOUNTAX SCHOOL OF BUSINESS, INCORPORATED

www.accountax.us

Marlene Murphy, President Mario Parham, Executive Director Phone: (773) 678-8217

Email: ----

REGISTRATION FORM

Parents/Guardians must complete registration packet and submit a \$25.00 non-refundable registration fee per child. Accepted forms of payment: cash, checks and money orders payable to ----. Registration fee is required to secure an opening in our program, as space is limited. Children are accepted on a 'first come, first served basis'.

Please print and complete section for each child enrolling in A.S.B. After-School Program.

Grade

Level

Special Needs

/Allergies

School

Gender

Date of

Birth

Parent/Guardian:	Relationship:						
Home Phone: ()	Cell Phone: ()						
Email Address:							
Parent/Guardian:	Relationship:						
Home Phone: ()	Cell Phone: ()						
Email Address:							

Sign -Out Information

Child's Name

Safety is priority for the A.S.B After-School Program; therefore, no child enrolled in A.S.B. will be released from the program without a parent/guardian signature or that of one of the three individuals below. (Note: The names below must be of someone 16 years or older.)

Name:	Phone:	Relationship	
Name:	Phone:	Relationship	
Name:	Phone:	Relationship	

Parent/Guardian Signature:	Date: