

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.

Child's Name	Date of Birth	Gender	Grade Level	Special Needs /Allergies	School

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

Sign –Out Information

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: _____