

Cairo's Kids Afterschool Program

Afterschool Program

Days: Monday - Friday (**SD#5 Schedule**)
Time: 3:30 pm - 5:45 pm
Location: Elrod School Gym
Grade: Kindergarten – 5th grade
Cost per regular day: \$8 (in-city resident)/\$10 (out-city resident)
Cost per early release day: \$14 (in-city resident)/\$17(out-city resident)



KPR Afterschool Line at 758-7975 306 1st Ave East Fax 758-7719 Payment/Account Information

Important Information

1. Your child will not be allowed to attend the Afterschool Program until registration forms are complete and payment has been made. If your child attends the program and payment has not been received by 3pm the day of attendance you will be charged an additional fee of \$5 per child.
Int. _____
2. Rollover/credit days are limited to ten days throughout Afterschool Program. A rollover/credit day will only be honored if called into the office, 758-7975, and prior to 9:00 am the day of the absence. If rollover/credit days are not used by June 9, 2020 you will lose them, no credit certificates or refunds will be given. Int. _____

Please print

Cairo's Kids Afterschool Program Registration 2019-20

Childs Name _____ Age _____ School Attending _____
Parent or Guardian Name(s) _____ Password _____
(We will ask for the password when making changes to the account or asking for personal information)
Email _____
Mailing Address _____ City _____ Zip _____
H-Phone _____ W-Phone _____ Cell _____
Medical Info (allergies, asthma, ect.) _____
Person(s) designated whom the child may be released to, other than the parent/guardian:
Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____

I, the parent/Guardian of the above named participant, hereby give approval for child to participate in the Afterschool Program and assume all risks and hazards incidental to the conduct of the activity. I hereby release, absolve, indemnify, and hold harmless the City of Kalispell, Kalispell School District 5, the organizers, sponsors, supervisors, employees, representatives, and, or all of them, for any injuries my child may sustain as a participant in the Afterschool Program. (All participants are involved at their own risk. Any registration fee paid does not provide insurance.)

➡ **I HAVE READ AND UNDERSTAND THE POLICIES IN THE PARENT INFORMATION PACKET**

Signature of Parent

Or Legal Guardian: _____ **Date:** _____

Please check the following box if you do not want us to use photographs of your child for advertising purposes.



