

Early Bird and After Care Registration Form

Student ID No.:		Grade:	
Student LEGAL Name			
Parent contact informatio	on (must provide 2 phone num	bers)	
Name:	Name:	Name:	
Phone No	Phone No	Phone No	
I acknowledge that my child will be pl kept current. I further acknowledge, a following with Lee County School Cod damaged personal property. Electron	as a fee-based program, Ear e of Conduct assume no lial	ly Bird and After care, in the bility for lost, stolen, or	
Parent/Guardian Signature		Date	
Registration	Fee - \$25.00 (non refun	dable)	
Date Paid:	Cash Cl	neck	
	will care for student in case ne 18 YEARS OF AGE OR OLDER listed may pick up your child		
Name	Relationship	Phone Number	