



FOUNDATION ACADEMY

Preschool and Elementary After School Care Registration

Name of Student: _____

Teacher : _____ Grade : _____

Parent's Name : _____

Parent's Work Number: _____ Cell Number: _____

Parent's Email: _____

Emergency Contact Name and Number: _____

Any known allergies, food restrictions, or medical limitations:

For office use only

Registration Fee \$45.00 per student: _____ paid

Check # _____ Cash amount _____