

**Legacy Academy Charter School**  
**Before/After Care Student Application**

**Please complete the following. No student will be permitted in the Before/After Care Program without registering in advance. ONLY registered students may attend on early dismissal days.**

Care Needed for 2017-18 School Year: (please check one)

\_\_\_\_\_ Before care (opens at 6:30 AM- 8:30AM) \$25

\_\_\_\_\_ After care (begins at 3:00 PM-closes at 6:30 PM) \$25

\_\_\_\_\_ Before AND After care \$50

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Gender :     Male         Female         DOB: \_\_\_\_\_

Grade Level for 2017-2018: \_\_\_\_\_

Primary Address :     Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father/Guardian Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

E- mail address \_\_\_\_\_

Mother/Guardian Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

E- mail address \_\_\_\_\_

Name of sibling(s) accepted/attending Legacy Academy for the 2017-2018 school year

Sibling(s)	Last Name	First Name	Entering Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- By signing this application, parent and guardians certify that all information provided is true and correct.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date