APLS Learning Center
After School Care Information

This form is for students who need after school childcare in our learning center. If your child is enrolling to the school as a new student, please also fill out General Application Form which can be downloaded from school’s website http://apls.org/pdf/Registration Form.

Name of Parent/Guardian: __________________________________________________________

Child’s Name: _____________________ Date of Birth: _______________ Age: ______

Address: ______________________________________________________________________

City: ______________________ Zip code: _______________

Contact Phone Number: _______________________________ Email: ____________________

1. Days & Time: Please circle all that applies to your child’s care.

<table>
<thead>
<tr>
<th>Day</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>TH</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td></td>
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</tbody>
</table>

Name of school your child attending __________________________________

Dismissal Time on M, T, TH and F _______________ On Wed. ________________

APLS school van pick-up request: Yes ____ No ____

If yes, time on M, T, TH & F: _______________ On Wed. ________________

If yes, pick-up location __________________________________

2. Afterschool care pick-up by

Parents_____________________ or __________________________

Pick-up time: __________________

Please pick up your child by 6 pm.

3. Other information: ____________________________________________________________