



OTB After School Free Play Registration Form

Childs Name: _____ DOB: _____

Address: _____ Zip: _____ Phone: _____

Childs School Name: _____ Grade: _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

PEOPLE AUTHORIZED TO PICK UP THE CHILD

Name: _____ Phone: _____

Name: _____ Phone: _____

People to call in case of an EMERGENCY (must list two people; don't list parents)

Name: _____ Phone: _____

Name: _____ Phone: _____

Allergies: _____

Registration Fee: _____	Date Paid: _____	Weekly Payment Amount: _____
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Daily Itinerary

3:00-3:30 p.m- Children Arrive at On-Target Battle Zone

3:30-4:00 p.m.- Snack Time

4:00-5:00 p.m.- Homework Time

5:00-6:30p.m.- Free Play

6:30 p.m.- Pick up time

Please make note of the pick up time! We offer a 10 minute grace period.
Anything over 10 mins is charged \$10 per every 10 minutes that you are late.