

Clemson Elementary School

581 Berkeley Drive
Clemson, SC 29631



Morning Phone: (864) 397-1517
Afternoon Phone: (864) 397-1579
Fax: (864) 624-4425

2017-2018 School Year

Student's Name _____ Grade Enrolled for 2017/18 school year _____

Parent/Guardian Names _____

Address _____

Home and/or Cell Phone _____

Father's Employer _____

Department _____ Phone _____

Father's Mobile Phone _____

Mother's Employer _____

Department _____ Phone _____

Mother's Mobile Phone _____

Family Doctor _____

Name	Address	Telephone
------	---------	-----------

Local Emergency Contacts and Telephone Numbers

Name	Address	Telephone

Names of individuals who have permission to pick up your child from the program:

I understand that I will be responsible for the fees charged for the child care services that I have chosen and that my child will not be allowed to continue in the program if my charges become more than one week overdue. After three tardies my child will be removed from the After School Care Program for the remainder of the school year.

Parent/Guardian Signature

Clemson Elementary School
581 Berkeley Drive
Clemson, SC 29631



Morning Phone: (864) 397-1517
Afternoon Phone: (864) 397-1579
Fax: (864) 624-4425

2017-2018 School Year

Dear Parents,

You have expressed an interest in Clemson Elementary's After School Care Program for your child/children. Enclosed is our brochure explaining the program and an enrollment form. Please contact our program director, Teresa Skewes, if you have any questions. Parents will need to send a \$35.00 non-refundable registration fee for each child enrolling as soon as possible. Placement is available on a first-come, first-served basis.

I am enrolling my child/children _____
for Clemson Elementary's After School Care Program to begin on _____
Date

Attendance is Monday – Friday. We begin with the first full day of school and end with the last full day of school. The fees are \$35.00 per child/per week.

Parent's Signature _____

(Over)