

Program Options (Choose One):

Option 1: \$13/day for 5 days a week

Option 3: \$20/day for 3 days a week. Check Days Below

Option 2: \$16/day for 4 days a week. Check Days Below

Option 4: \$28/day for 2 days a week. Check Days Below

Monday Tuesday Wednesday Thursday Friday

Preferred Site (Choose One):

Brookline Colfax Crescent Morrow Phillips

Child's/Applicant's Legal Name (Last)	First	Gender	Date of Birth	Current Grade
		Male		
		Female		

Race (Check all that apply):

African-American	American Indian or Alaska Native	Asian	Bi-Racial
Hawaiian/Pacific Islander	Hispanic	Other	White

Does your child have any dietary restrictions? If yes, please list:	Does your child have any allergies? If yes, please list:	Does your child have an IEP? Yes No

Primary Parent/Guardian Name:	Relationship to Child	Phone
Mr.		Work
Ms.		Cell
Mrs.		Other

Living Address	E-mail Address	
City	State	Zip

Secondary Parent/Guardian Name:	Relationship to Child	Phone
Mr.		Work
Ms.		Cell
Mrs.		Other

Living Address	E-mail Address	
City	State	Zip

Emergency Contact Information

Name	Relationship to Child	Permission to release child to this person? Yes No		
Address	City	State	Zip	Phone Number
Name	Relationship to Child	Permission to release child to this person? Yes No		
Address	City	State	Zip	Phone Number

Certification: The undersigned certifies that the information above is true and correct. If any part is false, participation in this program may be terminated. The undersigned also understands that the information will be held in strict confidence within the agency and is accessible to undersigned during normal business hours.

Parent/Guardian Signature:

Date:

DO NOT WRITE BELOW THIS SECTION/FOR STAFF USE ONLY

Application Complete?	Yes No	Payment Authorization Complete?	Yes No		
Start Date	End Date	First Month's Payment Submitted?	Yes No		
Child Accepted to (Circle One):		Staff Signature:			
Brookline	Colfax	Crescent	Morrow	Phillips	Date

**Early Childhood Education
 Afterschool Program
 Payment Authorization Form**

PAYER INFORMATION (PLEASE PRINT)

Name of person authorizing payment

Address

City, State Zip

DEBIT/CREDIT ACCOUNT INFORMATION (PLEASE PRINT)

Cardholder Name (Exactly as it appears on card)

Card Billing Address

Card Billing City, State, Zip

CARD INFORMATION

Card Type (Check One):

Visa

Mastercard

AMEX

Discover

Card Number

Expiration Date

VID Code (3-digit number on back of card)

PAYMENT AUTHORIZATION

By completing and executing this form, the account holder or cardholder acknowledges and agrees that Pittsburgh Public Schools is authorized, as of the date set forth on the application and the first day of every month thereafter until this agreement is terminated by either party, to charge the debit/credit card specified above for the agreed upon amount billed to the account holder or cardholder above for services rendered. The account holder or cardholder also agrees to promptly notify Pittsburgh Public Schools of changes in account information, such as expiration dates.

Signature of Cardholder

Authorization Date

FOR STAFF USE ONLY

Child's Name

Current Grade

Classroom

Start Date

End Date

Staff Signature