



# P.A.L.S Program K-4<sup>th</sup> Grade

Class Code: 20FPALS

PALS Phone: 320-354-2252 x2627

**Registration Fee: \$35 per child** (applies to one or both options below) Ex: 1 child both options checked = \$35

NO Transportation is provided for either of the programs below

Registration Deadline for 1<sup>st</sup> day of school -- August 24<sup>th</sup>

Late applications will be taken if room available (with 1 week notice)

Please check box(es) for all registering for:

☐ **After School Program (School Days Only)** -- School open as usual/in-person **HOURS: 3– 5:30pm**

Location: Prairie Woods Elementary Cafetorium Cost per day/per child: \$7.00

☐ **PALS Distance Learning Program**/when child(ren) are not in class on scheduled school days

Priority given to Tier 1 critical workers per state guidelines

Are you a Critical Tier 1 worker? Yes ☐ No ☐

Critical Tier 1 Proof of employment required: ID Badge, letter on letterhead from supervisor/HR Dept

☐ **Childcare Needed During School Hours Only (7:45am-3:15pm)** Charges based on tier level

☐ **Childcare Needed for Extended Hours (3:15-5:30pm)** \$7.00 per day/per child

Location for PALS Distance Learning Program – TBD

## Registration and Family Information Form

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Teacher: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Teacher: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Place of Work: \_\_\_\_\_ (Tier 1 Proof of Employment is required)

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Place of Work: \_\_\_\_\_ (Tier 1 Proof of Employment is required)

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please list any health conditions/food allergies that your child has that we should be aware of:**

If your child gets ill or an emergency arises and we are unable to reach you, who may we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list all persons that have permission to pick up your child/children other than those listed above.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

This is your registration form. Please return this along with your registration fee. **Registration fees are non-refundable.**

# P.A.L.S Payment Plans for 2020-2021 School Year

Please let us know how you would like your billing to be handled.

Return by August 24th or prior to first day at P.A.L.S.

## Frequency of payments:

X  Bi-monthly (payments taken out 1<sup>st</sup> and 15<sup>th</sup> of each month\*\*)



## Payment Options:

\_\_\_\_\_ Credit/Debit Card number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ expiration \_\_\_\_\_/\_\_\_\_\_ Sec Code \_\_\_\_\_  
(Visa, Mastercard, or Discover charged monthly/bi-monthly as marked above)

Name on Card \_\_\_\_\_ Phone Number \_\_\_\_\_

Address for Card Holder \_\_\_\_\_

\_\_\_\_\_ Electronic Funds Transfer (EFT). **Voided check must be attached.**

(To be charged monthly/bi-monthly as marked above)

**I authorize my bank to make payment to New London-Spicer PALS program. I agree that treatment of such payment shall be the same as if it were signed personally by me. Payment shall be made via the following method.**

**\*\*\* MUST ATTACH VOIDED CHECK\*\*\***

Bank Name \_\_\_\_\_ Name on Account \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**I authorize said Electronic Funds Transfer charges so long as I have a commitment to New London-Spicer PALS program. I understand that cancellation of EFT authorization in no way relieves me of any obligations to fulfill contractual obligations.**

Member Signature \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

You may choose to discontinue the program by giving NL-S Community Education & Youth Services a 30-day written notice. NL-S Community Education & Youth Services reserves the right to discontinue or limit the program due to an individual's non-payment. Collection and Attorney fees may be added to the balance of your debt in the event that your account may go into default. A late fee of \$25 will also incur. There will be a \$25 service charge for insufficient funds, stop payment, or account closed. I agree to abide by this contract and fulfill my financial obligation for

\_\_\_\_\_ to attend PALS.

Student (s) Name (First and Last)

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature