Class Code: 20FPALS       PALS Phone: 320-354-2252 x2627         Registration Fee: 335 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>31</sup> day of school – August 24 <sup>35</sup> Late applications will be taken if room available (with 1 week notice)         Please check box(25) for all registering for:		P.A.L.S Program	K-4 <sup>th</sup> Grade				
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* 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:							
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: 57.00         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 Critical Tier 1 Proof of employment required: ID Badge, letter on letterhead from supervisor/HR Dept Critical Tier 1 Proof of Employment required: ID Badge, letter on letterhead from supervisor/HR Dept Childcare Needed for Extended Hours (31:55:30pm) 73.00 per day/per child Location for PALS Distance Learning Program – TBD         Registration and Family Information Form         Child's Name:Grade:DOB:/Teacher:	👹 🛶 💁						
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(les) for all registering for:	Registration ree. 555		•	•			
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 Doring 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:							
Please check box(es) for all registering for:        After School Program (School Days Only) School Open as usual/in-person _HOURS: 3 - 5:30pm        DALS Distance Learning Program/when child(ren) are not in class on scheduled school days         Priority given to Tier 1 critical workers per state guidelines        Critical Tier 1 Proof of employment reguired: DB adge, letter on letterhead from supervisor/HR Dept        Critical Tier 1 Proof of employment reguired: DB adge, letter on letterhead from supervisor/HR Dept        Critical Tier 1 Proof of employment reguired: DB adge, 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:      OBS: /Teacher:		-	-	ical			
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 (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:        ORB:       /							
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:							
Priority given to Tier 1 critical workers per state guidelines       Are you a Critical Tier 1 worker?       YesNo         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 During School Hours Only (7:45am-3:15pm) Charges based on tier level      Childcare Needed for Extended Hours (3:15-5:30pm) S7.00 per day/per child        Childcare Needed for Extended Hours (3:15-5:30pm) S7.00 per day/per child       Location for PALS Distance Learning Program – TBD         Registration and Family Information Form         Child's Name:Grade:DOB:/Teacher:		•					
Are you a Critical Tier 1 worker?       YesNo				school days			
Critical Tier 1 Proof of employment required: ID Badge, letter on letterhead from supervisor/HR DeptChildcare Needed During School Hours Only (7:45am-3:15pm) Charges based on tier levelChildcare Needed for Extended Hours (3:15-5:305pm) S7.00 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:Cell Phone: Frant/Guardian:Home Phone: Address:City:Zip: Parent/Guardian:Cell Phone: Parent/Guardian: Parent/Guardian:Cell Phone: Parent/Guardian: Parent/Guardian:Cell Phone: Address:City:Zip: Address:City:Zip: Relationship:Phone: Parent Place of Work:	Priority given to						
Childcare Needed During School Hours Only (7:45am-3:15pm) Charges based on tier level Childcare Needed for Extended Hours (3:15-5:30pm) 57.00 per day/per child Location for PALS Distance Learning Program – TBD Registration and Family Information Form Child's Name:	Cutting						
Childcare Needed for Extended Hours (3:15-5:30pm) \$7.00 per day/per child Location for PALS Distance Learning Program – TBD							
Location for PALS Distance Learning Program – TBD         Registration and Family Information Form         Child's Name:							
Registration and Family Information Form         Child's Name:		•	1 1 1 1				
Child's Name:							
Child's Name:	Child's Name:	Grade:	DOB://Teache	r:			
Address:							
Parent Place of Work:	Parent/Guardian:		Home Phone:				
Parent Place of Work:	Address:	(	City:	Zip:			
Work Phone:       Cell Phone:         Email:							
Email:	Parent Place of Work:		(Tier 1 Proof o	f Employment is required)			
Email:							
Parent/Guardian:	Work Phone:	Cell Phone:					
Parent/Guardian:							
Address:	Email:						
Address:	Parent/Guardian:		Home Phone:				
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.	Tarenty Guardiani.						
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:	Address:	(	City:	Zip:			
Email:	Parent Place of Work:		(Tier 1 Proof o	f Employment is required)			
Email:	Work Phone:	Cell Phone:					
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.							
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.	Email:			_			
Name:       Phone:         Name:       Relationship:       Phone:         Name:       Relationship:       Phone:         Please list all persons that have permission to pick up your child/children other than those listed above.	Please list a	any health conditions/food allergies that ye	our child has that we should be	aware of:			
Name:Phone:Phone:Please list all persons that have permission to pick up your child/children other than those listed above.							
Please list all persons that have permission to pick up your child/children other than those listed above.							
Name: Polationship: Phana:							
Name: Phone:    Name: Relationship:    Phone: Phone:							
This is your registration form. Please return this along with your registration fee. <b>Registration fees are non-refundable.</b>							

<b>P.A.L.S Payment Plans for 2020-2021 School Year</b> 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:		DATE TIMANE		
<u>X</u> Bi-monthly (payments taken out 1 <sup>st</sup> a	nd 15 <sup>th</sup> of each month**)	PAID XOU		
Payment Options:				
Credit/Debit Card number/	///	expiration/Sec Code		
	scover charged monthly/bi-n			
Name on Card	Phone Number			
Address for Card Holder				
Electronic Funds Transfer (EFT). Voideo	l check must be attached.			
(To be charged monthly/bi-monthly a	•			
I authorize my bank to make payment to Nev shall be the same as if it were signed persona *** MUST ATTACH VOIDED CHECK***				
Bank Name	Name on Account			
Routing Number	Account Numb	er		
I authorize said Electronic Funds Transfer cha program. I understand that cancellation of EF contractual obligations.	rges so long as I have a com	mitment to New London-Spicer PALS		
Member Signature	Dat	e//		
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			