



# Before & After Care Program Registration Form

## Family Information

Family name: \_\_\_\_\_ Email: \_\_\_\_\_  
Student name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Student name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

## Days Needed

- Full Time Before & After Care     Full Time Before Care     Full Time After Care  
 Extra Curricular Only     After Care Early Bird     Drop-in

\*Please see attached Rate sheet for explanation of rates.

If you have any questions, please contact Mrs. Beth Mizurak at

[bmizurak@mbscs.org](mailto:bmizurak@mbscs.org) or 410-208-1600

\*\*Additional forms are required for the After Care Program, please fill out and return form  
a.s.a.p.