Doris Todd Memorial Christian School
519 Baldwin Ave., Paia, HI 96779
(808) 579-9237 Fax: (808) 579-9449
dtoffice@maui.net dtschool.org

After School Care Application
2008-2009

STUDENT:

Last Name:_____ First: _____ Grade: _____
Last Name:_____ First: _____ Grade: _____
Last Name:_____ First: _____ Grade: _____
Last Name:_____ First: _____ Grade: _____

PARENT DATA: ☐ **BOTH PARENTS** **SINGLE PARENT**: ☐ Mother Only ☐ Father Only ☐ **GUARDIAN**

FATHER'S DATA:

Last Name _____ First _____ MI_____
Home Phone ( )_____ Work Phone ( )_____ Ext. _____ Cell_____ Pager_____

MOTHER'S DATA:

Last Name _____ First _____ MI_____
Home Phone ( )_____ Work Phone ( )_____ Ext. _____ Cell_____ Pager_____

If Guardian: _____ _____
Full Name Mailing address if different from above
Home Phone ( ) _____ Work Phone ( )_____ Ext. _____ Cell _____ Pager_____

FINANCIAL PAYMENTS WILL BE HANDLED BY: ☐ Father ☐ Mother ☐ Guardian ☐ Another Person
Name _____ Day Phone ( )_____ Home Phone ( )_____
Mailing Address _____ City_____ State_____ Zip_____

Enrollment in After School Care is conditional upon payment of the First Month's Fee

The undersigned agrees to release and hold harmless, the school, its agents and employees from all claims, damages, or other liabilities or injuries to my child, which is not the result of gross negligence by this school, its agents, or employees. The undersigned also agrees to indemnify the school for damages by my child.

Signatures of Both Parents or Guardians is Required: I certify the information given on this application is complete and accurate.

Father_____ Date_____

Mother_____ Date_____

OFFICE USE ONLY

Date:_____ Receipt # _____ Amount $:_____ Initial_____ ☐ 1st Month After School Care Fee