

Three Rivers Local School District Before-School Care Application Form 2019-2020



*Please note: THIS APPLICATION DOES NOT GUARANTEE YOUR CHILD(REN)'S PLACE IN THE BEFORE-SCHOOL PROGRAM.

| Date of Application: | | Guardian(s) Applying for E HAVE FULL CUSTODY of child(re | Before-Care: en) to apply. | |
|--|---|---|---|--|
| Name of Child(re | n) and Grade (entering in | 2019-2020) Applying for E | Before-Care: | |
| Name: | | | Grade: | |
| Name: | | | Grade: | |
| Name: | | | Grade: | |
| Applicant's Home Address: | | | | |
| Preferred Phone Number for Basi | c Information: | | | |
| Preferred Phone Number for Eme | ergency Contact: | | | |
| Preferred Email: | | | | |
| My child(ren) will be attending Be Monday Tuesday | | <u> </u> | | oply): |
| Please note that any student that September 2, 2019. For any exter | is accepted into Before Ca | are will be removed from | the list if they do not attend a | ny days by |
| By signing this application for Throchild(ren) may not be accepted do Young (401 N. Miami Ave.) to the eats breakfast the cost is my respont ensure my spot for the 2020-2 and could be refused entrance if the significant could be refused entrance. | ue to limited space. I also p Main Campus (56 Cooper onsibility. I understand the 2021 school year. I unders | permit Three Rivers Local Ave.). I understand that I at if my child(ren) is accep | School District to bus my child breakfast will be optional and oted into Before-Care for 2019 | d daily from CT if my child(ren) 0-2020, this does |
| By signing below, the applicant is | agreeing to all of the abov | ve-mentioned guidelines. | | |
| Signature: | | Date | : | _ |
| Please print your name: | | | | |

This application can be returned to your child's homeroom teacher or a building secretary (Anne Miller or Nancy Herbert).