



## Before & After Care Registration 2016-2017

Student Name: \_\_\_\_\_

Grade

Student Name: \_\_\_\_\_

Grade

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

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

Address: \_\_\_\_\_

Contact: Home/Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Before    After    Both  
(Please circle one)

\$25 Non-refundable Deposit – Date Paid: \_\_\_\_\_

For more information please contact:  
Tiicon Walker @ 813-235-4811 ext. 1009  
Or [TWalker@winthropcharter.org](mailto:TWalker@winthropcharter.org)

Winthrop Charter School  
6204 Scholars Hill Lane, Riverview, FL 33578  
Phone: 813-235-4811 - Fax: 813-315-4403  
[www.winthropcharter.org](http://www.winthropcharter.org)  
*A member of the Charter Schools USA Family of Schools*

**WINTHROP CHARTER STUDENTS ONLY**

Sibling: \_\_\_\_\_ Grade: \_\_\_\_\_  
Sibling: \_\_\_\_\_ Grade: \_\_\_\_\_

**Parent/Guardian Information:**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_  
Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

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

**Other Adults Authorized To Pick Up Student:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_

PLEASE LIST ANY ALLERGIES: \_\_\_\_\_

EPI PEN: YES or NO

**OFFICE USE ONLY -DO NOT WRITE IN THIS AREA**

Month	Amount Paid	E-FUNDS	Check or Cash	Date Received	Late Fee
Aug/ September					
October					
November					
December					
January					
February					
March					
April					
May					