

# Miami Lakes Art Academy, Corp.

## Afterschool Registration

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

Grade: \_\_\_\_\_ Regular Dismissal \_\_\_\_\_ Early Dismissal \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Tel. \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ WorkTel. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_

Dortor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Special Needs: \_\_\_\_\_

- Registration : \$20
- Weekly Rate:\$45
- Monthly : \$170
- Daily:\$15
- Other: \$ \_\_\_\_\_

I herby authorize Miami Lakes Art Academy to pick up my child \_\_\_\_\_ at his/her school and be transported back to the learning center.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please note space is limited, acceptance to the program must confirmed by an Miami Lakes Art Academy, Corp member ,If the student does not show up for the complete week, they will be charged for the week. NO EXCEPTION.

5747 NW 152 Street, Miami Lakes, FL. 33014

[Tel:305-562-2236](tel:305-562-2236)

**Miami Lakes Art Academy, Corp.**

**Authorized Pick up list**

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

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

**Parent Address:** \_\_\_\_\_

**Parent Work Number:** \_\_\_\_\_

**Parent Cell Number:** \_\_\_\_\_

**Emergency Number:** \_\_\_\_\_

**Name of emergency contact:** \_\_\_\_\_

**Persons Authorized to Pick up**

1. \_\_\_\_\_ 7. \_\_\_\_\_

2. \_\_\_\_\_ 10. \_\_\_\_\_

3. \_\_\_\_\_ 11. \_\_\_\_\_

4. \_\_\_\_\_ 12. \_\_\_\_\_

5. \_\_\_\_\_ 13. \_\_\_\_\_

6. \_\_\_\_\_ 14. \_\_\_\_\_