

# NHTS AFTER CARE

Student Name:

Grade:

Guardian(s)

First Name	Last Name	Phone	Email	Relationship	Notes
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Additional Approved to Pickup

First Name	Last Name	Phone	Email	Relationship	Notes
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Days requested:

Full Month

Partial Month

\$150/Month

\$10/Day

Please note that all payments are required by the beginning of each month. Any changes to plan must be communicated to school administration. Additionally, all students must be picked up prior to 6:00pm. Late pick ups may incur additional charges.

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

Signature: \_\_\_\_\_