The Town Square
PLAY CAFE

2026–2027 After-School Program Registration Form

Please circle your payment plan:
Weekly ($__ per week) **Monthly ($__ per month)**

PARTICIPANT INFORMATION: Child must be enrolled in kindergarten through 5th grade at the time of application.

Child's Name: _____

Date of Birth: _____ **Age:** _____ **Gender:** _____

School: _____ **Grade:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____

Parent/Guardian Name: _____ **Relationship:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____

Cell Phone: _____ **Alternate Phone:** _____

E-mail: _____

Parent/Guardian Name: _____ **Relationship:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____

Cell Phone: _____ **Alternate Phone:** _____

E-mail: _____

EMERGENCY CONTACT: List two people who DO NOT live at the same address or have the same phone number as a parent/guardian above. Individuals listed as an emergency contact are also treated as an authorized pickup for this child. Must be age 18 or older.

	Name	Relation	Contact Numbers
1.			
2.			

AUTHORIZED PICK-UP: List any individual not already listed as a parent/guardian who is authorized to pick up this child. Must be age 18 or older.

	Name	Relation	Contact Numbers
1.			
2.			
3.			
4.			

UNAUTHORIZED PICK-UP INFORMATION: Legal documentation must be attached if a parent is listed.

Name: _____ **Relation:** _____

Name: _____ **Relation:** _____

ADDITIONAL INFORMATION: List any allergies and/or medical conditions the child listed has.

Known Allergy: _____ **Reaction Exhibited:** _____

Known Allergy: _____ **Reaction Exhibited:** _____

Medical Condition(s): _____ **Medications:** _____

REFUND POLICY

Full refunds (not including any processing fee) are available if a refund request is received at least [30] days prior to the start date of the program. A [50%] refund (not including any processing fee) is available for requests made at least [10] days prior to the start date. Requests made less than [10] days prior to the start date will not be granted. No credit or refund is given for daily absences, holidays, inclement weather, illness, or vacation.

RISK ACKNOWLEDGEMENT / HOLD HARMLESS CLAUSE

I acknowledge that I have received the The Town Square Play Cafe Afterschool Parent Handbook and understand that I am responsible for the information it contains. I understand that full payment of program fees is required to secure my child's placement. I understand that all individuals listed as an authorized pickup or emergency contact must present photo identification at pickup.

Signature acknowledges understanding and acceptance of the following:

WAIVER FOR PARTICIPATION: In consideration of my child's participation, I, for myself, my spouse, my children, my heirs, successors, and assigns, release, indemnify, and hold harmless The Town Square Play Cafe Afterschool, its owners, employees, and representatives from and against all claims, including but not limited to claims for personal injury, death, fees, losses, and costs resulting from or arising out of my or my child's participation in any activity offered by the program.

CONSENT TO USE PHOTOGRAPHS: I further authorize The Town Square Play Cafe Afterschool to take photographs, audio, and video recordings of me and/or my child at the facility or during any program activity, for use in promoting program activities, unless I have indicated otherwise on the Photo & Media Release in the full Registration Packet.

Signature of Parent/Guardian: _____ **Date Signed:** _____

Initials: _____