

**Marinwood Recreation Department: After School Program
Student Information Form**



Child's Name: _____ Date of Birth: _____ Age: _____ Sex: _____
(Last) (First)

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Child's School and Grade: _____

Parent/Guardian: _____ Phone: _____ Secondary Phone: _____

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Please give us a general description about your child. How would you describe him/her?

Are there any behavioral issues we should know about your child?

What are your child's favorite snacks? Are there any foods he/she will not eat?

Would you like your student to participate in homework time? YES NO

**If yes, our staff will encourage students to complete their homework but if the child is unwilling we will not force them to do so.*

Marinwood is looking into providing optional private or group tutoring for the Program. Would you be interested in this option? YES NO

If YES, what would you consider a fair price for a half hour of tutoring? _____

Parent/Guardian Signature: _____ Date: _____

Credit/Debit Card Information (We accept Visa, Mastercard, Discover, and American Express)

This card will be automatically charged the first business day of the month. We will require advance notice of any credit card changes.

Card Number: _____

Exp. Date: _____ CVC Code: _____

Billing Address and Zip Code (if different from above): _____

**This credit card information will be shredded once entered.*