



PLEASE PRINT CLEARLY (one form per child).

Name of child _____

Parents' Names _____

Home Phone _____ Work Phone(s) _____

Cell Phone _____

Address _____

My child will:

- use the drop in service and attend on an occasional basis: Parents will be billed each semester by the Middle School Office. Cost is \$10.00 for Session I (3:45 pm – 5:00 pm) or Session II (5:00 pm – 6:00 pm), or \$15.00 for both sessions.)
- I wish to have individual tutoring with a BA staff member arranged for my student. Cost \$40.00 per hour.

PERSONS AUTHORIZED TO PICK UP YOUR CHILD:

Name	Relationship
_____	_____
_____	_____
_____	_____

IN CASE OF EMERGENCY, PLEASE NOTIFY

NAME AND PHONE NUMBER

Physician's Name _____ Phone _____

Parent Signature _____

Please return form to: Brookfield Academy, Middle School, P.O. Box 907, Brookfield, WI 53008-0907

