



MIAMI-DADE COUNTY PUBLIC SCHOOLS

REGISTRATION FORM: BEFORE/AFTER SCHOOL PROGRAMS – PRE-K
PARENT FEE AND PAYMENT RECORD

DAILY FEE: _____

INSURANCE PAID: YES

STUDENT NAME: _____

LAST

FIRST

BEFORE CARE

STORY HOUR

AFTER CARE

FULL DAY CARE

SUMMER CAMP

PRE-K

SERVICE PERIOD	AMOUNT DUE	AMOUNT PAID	AMOUNT OVER / UNDER	AGENCY PAYMENT	RECEIPT NUMBER	DATE PAID	TRANSACTION COMMENTS
A	B	C	(B - C) = D	E	F	G	H
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DATA REVIEW DATES: _____

SIGNATURE: _____
PRINCIPAL, APCE, OR DESIGNEE
 DATE: _____