



# BEFORE & AFTER SCHOOL



2025-2026 SCHOOL YEAR

Looking for a safe, engaging, and FUN place for your child before and after school? The Arena Club's licensed Before & After School Program offers the perfect balance of structured activities and play for children in kindergarten through eighth grade—so you can work with peace of mind knowing your child is in great hands!

## HOURS

Before Care Starts 6:45 a.m.

After Care Ends 6:00 p.m.

## BEFORE & AFTER

Registration Fee: \$125\*

Members: \$480/month

Non-Members: \$510/month

## AFTER CARE ONLY

Registration Fee: \$125\*

Members: \$390/month

Non-Members: \$420/month

## FUN, ACTIVE, AND WORRY-FREE CARE!

- ✔ Snack & Homework time in a supportive environment
- ✔ Daily active play—organized games, trampoline time, and year-round swimming
  - ✔ Outdoor fun on our playgrounds and fields
  - ✔ Creative center time in our classrooms & more
- ✔ The Arena Club vans pick up from many local schools and serves as a bus stop!



# Before and After Registration Form

Child's name \_\_\_\_\_ Is the child a member? \_\_\_\_\_

School \_\_\_\_\_ Entering grade \_\_\_\_\_ DOB \_\_\_\_\_

Mother's name \_\_\_\_\_

Father's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell (M) \_\_\_\_\_ Cell (D) \_\_\_\_\_

Email address \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

TIME OF CARE: before and after care \_\_\_\_\_ after care only \_\_\_\_\_

HEALTH INFORMATION: Are there any special needs, medical conditions or behavioral conditions that we need to be aware of to ensure your child's safety? Check any of the following that apply and give more information if needed.

- |   |  |
|---|--|
| <input type="checkbox"/> Good general health            | <input type="checkbox"/> Seizure                 |
| <input type="checkbox"/> Allergy, food or other         | <input type="checkbox"/> Asthma                  |
| <input type="checkbox"/> Behavioral issue               | <input type="checkbox"/> Diabetes                |
| <input type="checkbox"/> Mental health condition        | <input type="checkbox"/> Prescription medication |
| <input type="checkbox"/> Other chronic health condition | <input type="checkbox"/> Other medication        |

EXPLANATION: \_\_\_\_\_

METHOD OF PAYMENT: cash \_\_\_\_\_ check \_\_\_\_\_ house \_\_\_\_\_ credit card \_\_\_\_\_

CREDIT CARD: type \_\_\_\_\_ # \_\_\_\_\_ exp. date \_\_\_\_\_

I have read and answered to the best of my knowledge, the above questionnaire. I agree that all exercise and activities (including, but not limited to exercise classes, cardio, strength equipment, pools, field activities) here at the club shall be undertaken by me at my sole risk. I release Harford Health & Fitness Club, Inc., its officers, directors, employees and shareholders, from any claim for any injury to me personally, damage to my personal property, or theft thereof, while I am at the Harford Health & Fitness Club, including claims arising from negligence of Harford Health & Fitness Club employees or agents. I understand that I must be a current member in good standing at the time of service to receive member discount. All images taken can be used in all or any future marketing.

\_\_\_\_\_  
**SIGNATURE (parent or legal guardian must sign if applicant is under 18)**

\_\_\_\_\_  
**DATE**