



2024-2025 AFTER SCHOOL

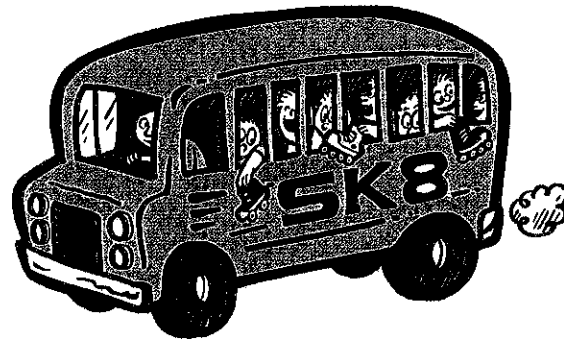
3226 North Fifth Street

East Stroudsburg, Pa 18301

Phone 570-424-5499

Fax 570-420-1943

questions@bigwheelskating.com



Big Wheel offers parents a fun and safe place for their kids to spend their afternoons. All school districts welcome. FREE bus transportations by Stroudsburg Area School District.

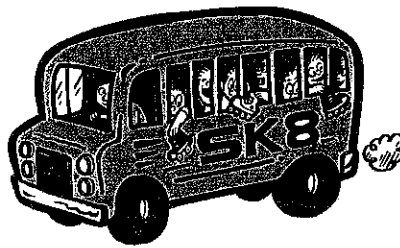
\$35 Registration Fee

► After School: \$55 Weekly Fee

Bus Drop-Off until 6:00PM

ACTIVITIES INCLUDE: Homework, Roller Skating, and Games.

Afternoon Snack Included.



Big Wheel Roller Skating Center

3226 North 5th Street

East Stroudsburg, PA 18301

Phone: (570) 424-5499

questions@bigwheelskating.com

www.bigwheelskating.com

AFTER SCHOOL PROGRAM 2024-2025

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Attention Parents:

In addition to our regular After School Program, Big Wheel offers extended hours for your child when there is no school due to early dismissals. Please review the following scenarios and fees for which additional hours are offered.

- Holidays and Cancellations- When school is closed Big Wheel is closed. Cancellations due to weather are not credited days, however, weekly fees exclude foreseen closure days.
- Early dismissal- \$15.00 for any part of every hour till 3pm, then PM Program rate applies till 6pm. *Lunch optional - \$8.00 (slice pizza or chicken fries, curly-fries and large drink)
- Late Fee- \$1 per minute - per child past 6pm.

*NSF checks will have bank fees and late fees applied to the original amount.

*Payments are due the Friday prior to the attending week. A \$10 late fee will be applied to every weekday payment is not made.

*Big Wheel follows school schedule- no school, no After School Program.

*Credits are not applied for sick days, personal days, etc. nor do unused days rollover to another week.

Thank you for your cooperation. We are looking forward to a fantastic school year!

Acknowledgement Signature of Parent/Guardian

X _____ Date: _____

X _____ Date: _____

BIG WHEEL AFTER SCHOOL

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Registration Form 2024-2025

Child's Information

Child's Name	AGE	D.O.B	Sex
Address	Nickname (if any)		
City/State/Zip	Best Contact #		
List ALL Allergies, medications, and/or special needs:			
Registration Date	PM Bus Drop-off Time	PM Bus#	
Start Date			
Reg. Fee Paid Y N (\$35.00)	Rec. #	Child Lives with (circle one) Mother Father Both Parents Guardian Parents Marital Status (circle one) Married Single Divorced	
School Name			

Parent/Guardian Information

Parent/Guardian Name		Parent/Guardian Name	
Address		Address	
City/State/Zip		City/State/Zip	
Home Phone	Cell Phone	Home Phone	Cell Phone
E-Mail Address		E-Mail Address	
Employer		Employer	
Employer Address		Employer Address	
Employer Phone		Employer Phone	

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2024-2025 Emergency Contacts & Authorized Pick-Up

***THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK-UP MY CHILD AND MAY BE CONTACTED IN AN EMERGENCY/ILLNESS IN THE EVENT I CANNOT BE REACHED.**

***ATTACH PERTINENT PAPERWORK SUCH AS A COURT ORDER IF A PARENT OR OTHER PERSON IS NOT PERMITTED TO PICK UP CHILD.**

NAME	NAME
PHONE #	PHONE #
RELATIONSHIP TO CHILD	RELATIONSHIP TO CHILD

NAME	NAME
PHONE #	PHONE #
RELATIONSHIP TO CHILD	RELATIONSHIP TO CHILD

***PARENT/GUARDIAN SIGNATURE REQUIRED UNDER EACH ITEM BELOW TO INDICATE CONSENT**

OBTAINING EMERGENCY MEDICAL CARE	ADMINISTRATION OF MINOR FIRST AID
BAG INSPECTION	ROLLER SKATING
PHOTO RELEASE	WELLNESS CHECKS

**Registration Fee \$35
After School \$55/week**