



**St. Mary Catholic School
Before/After Care Program Application
2017-2018**

Registration Fee: \$50 per student

Student Name: _____ Birthdate: _____ Grade: _____

Address/Street: _____ Home Phone: (_____) _____

Father's Name: _____ Mother's Name: _____

Father's Work: (_____) _____ Mother's Work: _____

Father's Cell: (_____) _____ Mother's Cell: (_____) _____

Authorized representatives to pick up children and for emergencies:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

List any special conditions that your child may have, such as FOOD ALLERGIES, allergies, illness, long term prescribed medication, or physical handicap that would hinder the student from indoor /outdoor activities.

Please circle all that apply

Morning 6:30-7:40 AM Afternoon: 3:00-5:30 As needed: AM/PM

Rates:

AM: \$50/month PM: \$250/month AM/PM: \$300/month

Late pickup fees: \$5 per child late charge and \$1/minute/child after 5:30 p.m. to be paid at pickup. There is no grace period.

Emergency Medical Consent & Information

Personal Physician Name: _____ Phone(_____) _____

Address: _____ City: _____

Hospital Preference: _____ Phone: _____

In the event I cannot be reached to make arrangements for emergency medical attention, I authorize the before/after care personnel to take my child to the nearest hospital or doctor.

I give my consent for necessary emergency treatment by before/after care personnel, and/or physician and/or hospital in my absence.

Signature of Parent/Guardian

Date