ST. MARY CATHOLIC SCHOOL

Before/After Care Registration
20_____ - 20_____

Students(s) Name	*Grade*	*Birthdate*	*Special Conditions (allergies, illness, restrictions)*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address_____

City_____ State_____ Zip_____

Home Phone (_____)_____-_____

Father _____ **Mother** _____

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

Father's Wk (_____)_____-_____ Mother's Wk (_____)_____-_____

Authorized representatives to pick up children and for emergencies:

Name _____Relationship_____ Phone (_____)_____-_____

Name _____Relationship_____ Phone (_____)_____-_____

Please circle all that apply:

Morning Care	Afternoon Care	Both AM/PM	As Needed AM/PM
6:30-7:40am ($50/month)	3:00-5:30pm ($250/month)	($300/month)	($25 per day per student)

**** $25 per day fee will be billed or added to FACTS accounts. Charge will not exceed monthly fee****

*****There will be a $25 late fee charge for tuition paid after the 16th*****

Emergency Medical Consent & Information

Physician Name_____ _____ Phone (_____)_____-_____

Address_____ City _____

Hospital Preference _____ Phone (_____)_____-_____

In the event I cannot be reached to make arrangements for emergency medical attention, I authorize St. Mary Catholic School personnel to take my child to the nearest hospital or doctor. I give my consent for necessary emergency treatment by St. Mary Catholic School personnel, and/or physician and/or hospital in my absence.

_____ _____

Signature of Parent/Guardian ***Date***

The mission of St. Mary Catholic School is to develop the whole child's moral, spiritual, moral and intellectual growth and well-being in a Catholic environment.

Registration fee $50 paid :_____ *Registration fee will not be charged until first use*