

AFTER SCHOOL CARE REGISTRATION FORM

REGISTRATION INFORMATION (Office Use Only):

Start Date: _____ Registration Fee: \$55.00 Paid/Not Drop-In Service Hours 3:10-5:00 PM
Pay Rate: \$7.00/hour Afterschool snack: \$0.35/item

Child's Information:

Child's Name: _____ Age: _____ DOB: _____
Address: _____ City: _____
State: _____ Zip: _____ Sex: M / F
Teacher: _____ Grade: _____

Child lives with: Mother / Father / Both / Guardian

Parent Information:

Mother's Name: _____
Mother's Employer: _____
Mother's Work Phone: _____
Mother's Home Phone: _____
Mother's Cell Phone: _____
Address: _____

Email Address: _____

Father's Name: _____
Father's Employer: _____
Father's Work Phone: _____
Father's Home Phone: _____
Father's Cell Phone: _____
Address: _____

Email Address: _____

Emergency Contacts:

Please list any other consenting adults that may be contact in the event of an injury:

Name: _____ Relationship: _____
Phone Number: _____ Alternative Number: _____

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Phone Number: _____ Alternative Number: _____

Name: _____ Relationship: _____
Phone Number: _____ Alternative Number: _____

List all consenting adults that may pick-up your child. Photo I.D. must be shown at the time of pick-up.

_____	_____
_____	_____
_____	_____

Health Information:

Does your child have any physical limitations that may prevent he/she from performing in activities? _____
If so, please explain: _____

Does your child have any allergies? If so, please list: _____

In the event of an injury serious in nature, take/send my child to: _____

Child's Physician: _____ Phone Number: _____

Release Waivers:

I have read and understand the After-School Care Policies and Procedures.

I have read and understand the Discipline Policy.

I hereby release St. Peter Catholic School and all associates of any liability for injuries that may arise on the premises.

I understand that St. Peter Catholic School will not be responsible for any lost, torn, stained, stolen, (etc.) items.

I give permission to management of St. Peter Catholic School to administer assistance to my child if needed.

In the event of a serious injury, I give permission for St. Peter Catholic School associates to contact emergency personnel if parent/guardian cannot be reached. I realize that any charges that may apply will be at the parent/guardian's expense.

I give permission for my child to be photographed for class activities and possible viewing in advertisements for the facility.

I understand that if I arrive after 5:00 pm to pick up my child, I will incur late fees.

By signing below, I am stating that I agree to all of the above statements.

*Please be advised that without a parent/guardian signature this contract is considered null and void and the child will not be admitted into our facility.

By completing this application, I am agreeing to the enrollment terms set by St. Peter Catholic School. I agree to pay the amount stated in the agreement each week for my child(ren) to attend. Any violation of said agreement will result in my child's enrollment becoming null and void.

Parent/Guardian Signature: _____ Date: _____