ST. JOSEPH SCHOOL

**BEFORE & AFTER SCHOOL CARE PROGRAM**

**Registration Form 2017-2018**

St. Joseph School offers an Extended Care Program. The program will be in operation every day school is in session.

Hours: 7:00 a.m. – 8:15 a.m. 3:00 p.m. – 5:30 p.m.

Fee: $20.00 registration fee per family per school year

 $6.00 per hour

 $2.00 per hour (per additional child/ren of same family)

SUPERVISED ACTIVITIES

…Snack Time…Play Time…Quiet Time…Homework Time…

\*NOTE: Homework is to be checked at home

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| REGISTRATION FORM |   |   |   |   |   |
|   | Sex | Date of Birth | Grade |
|  Student Name (s) | M | F | Month | Day | Year |   |
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Please list any health concerns or allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Others authorized to pick up my child(ren) Relationship Phone Number

**Registration fee: $20.00 due with this form.**

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PARENT/GUARDIAN SIGNATURE DATE