

**After School Care Registration 2016-2017
St. Joseph School**

For Office Use Only:

Date Received: _____

The financially responsible parent/legal guardian must complete the registration information below and submit it with a **\$50 registration fee per family. PLEASE PRINT**

Make checks payable to "St. Joseph School". Registration fees are nonrefundable.

FAMILY NAME: _____

Parent/Legal Guardian Name _____

Mailing Address

Telephone: Home _____ Work _____ Cell _____

Understanding and Agreement:

1. No registration will be accepted if there is a prior year ASC balance.
2. I have been provided a copy of the St. Joseph School "After School Care Booklet" and understand its contents.
3. I understand the After School Care Program will be billed weekly.
4. I agree to pay the weekly bills in a timely manner.
5. I agree to a \$35 late fee if bills are in arrears for more than 4 weeks.
6. I agree to a \$1.00 per minute per child charge if pick up is after 6 p.m.
7. I agree to pay the full four hours if I fail to sign my child out with signature and time out.

Please check when you plan to use the After School Care program.

_____ I plan to use ASC on a regular basis. _____ I plan to use ASC occasionally.

Please print the following information:

Weekly bills should be sent home with _____

Child Name	Grade	Student Name/Grade					Estimate Pick Up Time	Regular Basis	Per Note
		M	T	W	TH	F			

Parent/Legal Guardian

Signature _____ Date _____

Payment Received \$ _____ Check No. _____ Date _____