

After School Care Registration 2017-2018 St. Joseph School

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 _____

Address _____

Telephone: Home _____ Work _____ Cell _____

Understanding and Agreement:

1. No registration will be accepted if there is a prior year ASC balance.
2. I understand the After School Care Program will be billed weekly.
3. I agree to pay the weekly bills in a timely manner.
4. I agree to a \$35 late fee if bills are in arrears for more than 4 weeks.
5. I agree to a \$1.00 per minute per child charge if pick up is after 6 p.m.
6. 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 per note

Please print the following information:

Weekly bills should be sent home with _____
Student Name/Grade

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

Parent/Legal Guardian Signature _____ **Date** _____

Payment Received \$ _____ **Check No.** _____ **Date** _____