

## After School Care Registration 2017-18 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 \_\_\_\_\_

**After School Care Contact Information 2017-18**  
**St. Joseph School**

**PLEASE PRINT:**

Family Name \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Student(s) Name \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**\*\*\*\*\* Indicate with “\*\*” WHO SHOULD BE CONTACTED FIRST \*\*\*\*\***

\_\_\_\_ **Father/Guardian Name** \_\_\_\_\_

**Home** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Work** \_\_\_\_\_

\_\_\_\_ **Mother/Guardian Name** \_\_\_\_\_

**Home** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Work** \_\_\_\_\_

**Please list TWO emergency contact persons who are authorized to pick up your child/children. A photo ID must be presented upon pickup for security purposes.**

1. \_\_\_\_\_  
Name Relationship Phone Number

\_\_\_\_\_  
Address

2. \_\_\_\_\_  
Name Relationship Phone Number

\_\_\_\_\_  
Address