

**SACRED HEART AFTER SCHOOL CARE
2018/2019
REGISTRATION FORM**

GRADE ENTERING _____

CHILD'S NAME _____ DATE OF BIRTH _____ SEX _____

MOTHER'S NAME _____ FATHER'S NAME _____

ADDRESS _____ ADDRESS _____

CITY _____ ZIP _____ CITY _____ ZIP _____

HOME PHONE# _____ HOME PHONE # _____

EMPLOYMENT _____ EMPLOYMENT _____

BUSINESS PHONE # _____ EXT _____ BUSINESS PHONE # _____ EXT _____

CELL PHONE # _____ CELL PHONE # _____

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List any disabilities or allergies which would limit your child from participating fully in this program. _____

The following people have permission to pick up my child. (List in order of preference to be called in case of emergency if you cannot be reached.)

NAME _____ PHONE _____ RELATIONSHIP _____

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Under normal circumstances, we will not allow your child to leave with anyone other than the above. Therefore, send in a signed note when someone else is to be expected. If your plans change and you take your child directly from school, please notify us so we will not expect him/her.

AFTER SCHOOL CARE PHONE NUMBER IS 904-772-1010.

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IT IS UNDERSTOOD AND AGREED THAT:

After school care will be open any day that school is in session. On days of early dismissal, we will open early to accommodate your needs at no extra charge. Late pick-ups will be charged \$2.00 for every minute after 6 PM per student. **No exceptions.** This payment is to be made to the person in charge at the time of pick-up. Monthly fee is due on the 15th of each month. There will be a \$20.00 late charge on payment received after the 20th of the month. **Payments two months in arrears may result in termination of After School enrollment.** A non-refundable registration fee of \$50.00 per student, \$75.00 per family, is required when you register.

- FEES:**
- 2:45-4:00 = \$140 per month for 1st student _____
Add \$120 per month for each additional student
 - 2:45-5:00 = \$170 per month per student _____
Add \$140 per month for each additional student
 - 2:45-6:00 = \$180 per month per student _____
Add \$150 per month for each additional student

Date _____ Signature _____