

Before/After Care Program Registration 2016-2017

The Before/After Care Program will begin on Thursday, September 8, 2016

This form is needed **ONLY** for those students who will be attending Before / After Care on a regular basis.

All others must send in a note on the day your child will be attending After Care.

Please circle the days your child/children will attend.

Before Care (6:45 A.M. – 8:30 A.M.)

Monday Tuesday Wednesday Thursday Friday

After Care 4 Year olds (2:30 P.M. – 6:00 P.M.)

Monday Tuesday Wednesday Thursday Friday

After Care grades K- 8th (3:00 P.M. – 6:00 P.M.)

Monday Tuesday Wednesday Thursday Friday

Family Information

Student's Last Name _____ First Name _____ Homeroom _____ Age _____

Mother's Last Name _____ First _____

Home Phone # _____ Cell # _____ Work # _____

Father's Last Name _____ First _____

Home Phone # _____ Cell # _____ Work # _____

Release Information

Please list three (3) additional adults (over the age of 18) authorized to remove your child/children from the program and to be contacted in case of an emergency. In an emergency situation, we will always try to contact the parents listed on the page first. If we cannot reach the child's parents, the individuals below will be called in the order listed.

1. Name _____ Phone _____ Relationship _____

2. Name _____ Phone _____ Relationship _____

3. Name_____Phone_____Relationship_____

There is NO nurse available during the before and after school program. Medication may not be given by staff, including inhalers.

Does your child have any medical conditions? Describe_____

Does your child have any food/medical allergies? Describe_____

Authorizations

I understand that my/our signatures represents that I/we agree to abide by the policies and procedures as in the Saint Dominic School 2016 – 2017 Parent Handbook and accept financial responsibility for services rendered. We agree to inform the After Care Staff in writing of any changes in information we have provided on this registration form as well as any changes to our child's After Care Program schedule.

Signature of Parent/ Guardian_____Date_____

Print name of Parent/ Guardian_____

Signature of Parent/ Guardian_____Date_____

Print name of Parent/ Guardian_____