



**ST. JOHN THE BAPTIST
Catholic Church & School**

**Before/After School Childcare
Registration and Emergency Contact Form**

Family Name: _____

Email Address: _____

Phone (home / work): _____

Cell: _____

Name: _____

Cell: _____

Name: _____

Child's name: _____

Age: ____

Before/After/Or Both: _____

Child's name: _____

Age: ____

Before/After/Or Both: _____

Child's name: _____

Age: ____

Before/After/Or Both: _____

Child's name: _____

Age: ____

Before/After/Or Both: _____

**Please list any allergies your child(ren) may have: _____

Registration fee - \$40 per student / maximum \$100 per family

- Please complete weekly planning schedule
- The fee for childcare is \$3.75 per hour for each child
- Before school care is for children in PK - 5th grade from 6:45am - 7:15am and is a flat rate of \$4.00 per day
- A late fee of \$1.00 per minute will be charged per child for pick up any time after 5:45pm
- Unscheduled "drop-ins" - \$5 fee
- "No-Show" - \$7 fee
- Monthly charges will be added to the family's FACTS account

I agree to the policies and fees as outlined in the Childcare handbook available on the school's website.

Signature

Date

Emergency Contact Form on reverse side

For Office Use Only

Rec'd schedule

Rec'd Emergency Contact Form

Registration billing to Parish Office

Emergency Contact Form

Date: _____

Parent/Guardian Information

Mother (Guardian):

First/Last Name: _____

Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Place of Employment: _____

Father (Guardian):

First/Last Name: _____

Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Place of Employment: _____

Emergency contact(s):

First/Last Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Child: _____

First/Last Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Child: _____

Approved people for pickup: (Individuals not listed will be unable to take children without phone authorization from parent/guardian. Please keep this updated.)

I give authorization for my child's medical and emergency records to be copied and filed in the childcare classroom.

Parent/Guardian Signature