St. Mary Catholic School



**After School Programs**

Our programs offer:

A safe, engaging environment

One on one homework tutoring

Quiet reading time

Snack Time

Virtue/Character Development

Physical Activities

After School Care: 3:30-5:00 (students must be picked up at or before 5:15)

~ located in the 2nd grade classroom

Registration Form

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name/s:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (if unable to reach the contacts above)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of individuals authorized to pick up my child are:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ($7.00 per day)

After School ($7.00 per day)

 Days your child will attend:

M \_\_\_\_T\_\_\_\_W\_\_\_\_Thu\_\_\_\_F\_\_\_\_

\*\*\*\*Payments will be made a month in advance; you are responsible to pay for the days marked above. Days may change weekly and/or monthly.

St. Mary Childcare Authorization and Agreement

Please read the following statements, initial by each one, and sign and date at the bottom.

1. \_\_\_\_\_\_My child has permission to use all the play equipment and participate in all of the activities while attending our programs.
2. \_\_\_\_\_\_ Payments for child care will be made in a timely manner. **I understand that if payments are not paid on tine, my child will lose his/her spot in the program and my balance due will be sent to collections.**
3. **\_\_\_\_\_\_**I understand if my child is fevered, sick, throwing up orconsidered contagious they may not attend the program for 24 hours. In addition if they develop a fever, get sick or throw-up while attending, they MUST go home and cannot return for 24 hours.
4. \_\_\_\_\_\_ I understand that there are inherent risks in participating in any activity and I will not hold St. Mary Catholic School/Parish responsible for any accident or injury that may occur during program hours.
5. \_\_\_\_\_\_ Program hours are 3:30-5:00 **(students must be picked up by 5:15 or an additional fee of $10 per 15 minutes will be assessed that I am late).**

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_