St. John the Baptist School
KENMORE

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Visit us at www.stjohnskenmore.com

St. John the Baptist After School Care Program

Registration Form

(**One** form required **per** child and **$8.00 fee per child**)

Today's Date: _____

Child's Name: _____
Last First

Child's Grade: _____ Room: _____ Age: _____

House Number/Street Address: _____

City: _____ State: _____ Zip: _____

Mother's Name: _____ Father's Name: _____

Work #_____ Cell#_____ Work #_____Cell#_____

Emergency Contact Name & # (Other than Parent):

_____Phone #_____Relationship_____

List **ALL** person(s) able to pick up child/children (Put Primary Person First):

1._____ 2._____3._____

4._____ 5._____6._____

Please list any Allergies or Special Information: _____

Please Check Days Attending:
_____Weekly Basis (Monday – Friday)

_____Daily Basis ____Mon. ____Tues. ____Wed. ____ Thurs. ____ Fri. ____

_____As Need Basis *I will inform the school by written note or phone call by 1:00 p.m. the day before and payment will be due at the time service is rendered.

PAYMENT AGREEMENT

Payment will be made on **MONDAY** of the service week **for ALL the days** the After School Care Program will be used. **A $5.00 Late Payment Fee will be assessed each week accounts are not up to date or are not paid on the first school day of the week.**

Child/Children pick-up must occur by **5:50 p.m.**. A **$5.00**/five minutes late charge will be assessed for late pick-ups.

PARENT SIGNATURE: _____

****OFFICE USE ONLY****

Registration Fee Paid $_____ check #_____ cash _____ initials_____