

Blessed Sacrament School
After Care Program/Registration and Contact Form

Student Information: PLEASE PRINT

Name: _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

Contact Information (Please fill in completely)

Parent/Guardian 1

Parent/Guardian 2

Name: _____

Relationship to Student: _____

Cell phone: _____/Work# _____

We need phone number that in a case of any emergency we can reach you or a relative. Please fill in the names of the contacts that may be reached if we cannot get you and have permission to pick up your child(ren).

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

Please list any medical conditions or concerns that our After Care Director should know about:

Rates are per month:

	<u>1st child</u>	<u>2nd child</u>
5 days per week	\$150.00	\$75.00
3 days per week	\$120.00	\$60.00
2 days per week	\$ 90.00	\$45.00

First Fridays for non-registered students: \$30.00 paid in advance.
Drop in fee for non-registered students: \$10.00

(Over)

Please √ one

_____ Two day program _____ Three day Program _____ Five day program

Please √ days per week:

Pick-up time

_____ Monday - Friday	_____
_____ Monday	_____
_____ Tuesday	_____
_____ Wednesday	_____
_____ Thursday	_____
_____ Friday	_____
_____ First Fridays Only	_____

My choice of payment schedule is:

- 1st of each month September - June
- 15th of each month September - June

I agree to the terms stated above. Ten monthly payments September - June.

_____ Date _____
Parent/Guardian Signature