

2018-2019 Before & After Care Registration (updated 8.1.18)

- ✎ Before and After Care begins on Tuesday, August 21st. This is the first day of school.
- ✎ Before Care is available on all days of school that start at 7:45 am. It runs from 7:00-7:25 am.
- ✎ After Care is available on all days of school that end at 3:00 pm. It runs from 3:00-5:00 pm.
- ✎ Before and After Care costs \$4/hour/student. Please make checks payable to **St. Mary School**.
- ✎ Families are charged an additional \$0.50/minute/student for picking up after 5:00 pm.

Form Completed By: _____ Relationship to Student(s): _____

CHILD(REN)

	First & Last Name	Grade	Regular Drop Off Time	Regular Pick Up Time
1				
2				
3				
4				
5				
6				

AUTHORIZED (only those listed on this form will be permitted to remove your child(ren) from After Care)

Full name:	Authorized to pick up child(ren):	YES	NO
Relationship to students:	Home address:		
Cell phone:	City:	State:	Zip:
Home phone:	Email address:		
Work phone:	Employer:		

Full name:	Authorized to pick up child(ren):	YES	NO
Relationship to students:	Home address:		
Cell phone:	City:	State:	Zip:
Home phone:	Email address:		
Work phone:	Employer:		

Full name:	Authorized to pick up child(ren):	YES	NO
Relationship to students:	Home address:		
Cell phone:	City:	State:	Zip:
Home phone:	Email address:		
Work phone:	Employer:		

Full name:	Authorized to pick up child(ren):	YES	NO
Relationship to students:	Home address:		
Cell phone:	City:	State:	Zip:
Home phone:	Email address:		
Work phone:	Employer:		

Full name:	Authorized to pick up children?	YES	NO
Relationship to students:	Home address:		
Cell phone:	City:	State:	Zip:
Home phone:	Email address:		
Work phone:	Employer:		

***** REMEMBER TO COMPLETE THE BACK *****

KNOWN ALLERGIES/MEDICATIONS/MEDICAL INFORMATION

	Student First & Last Name	Details
1		
2		
3		
4		
5		
6		

EMERGENCY SITUATIONS:

Primary physician name:	Subscriber name:
Physician phone number:	Group number:
Primary medical insurer:	Policy number:

CONSENT TO REQUEST & AUTHORIZE MEDICAL TREATMENT IN EMERGENCY SITUATIONS:

Full name:
Home address:
City:
State:
Zip:
Signature:
Date: