

**SACRED HEART AFTER SCHOOL CARE
2009/10 REGISTRATION FORM**

GRADE ENTERING _____

CHILD'S NAME _____	DATE OF BIRTH _____	SEX _____
MOTHER'S NAME _____ <small>(If different)</small>	FATHER'S NAME _____	
ADDRESS _____	ADDRESS _____	
CITY _____ ZIP _____	CITY _____	ZIP _____
HOME PHONE# _____	HOME PHONE # _____	
PLACE OF EMPLOYMENT _____	PLACE OF EMPLOYMENT _____	
BUSINESS PHONE # _____ EXT _____	BUSINESS PHONE # _____ EXT _____	
CELL PHONE # _____	CELL PHONE # _____	

List any disabilities or allergies which would limit your child from participating fully in this program. _____

The following people have permission to pick up my child. (List in order of preference to be called in case of emergency if you cannot be reached.)

NAME _____	PHONE _____	RELATIONSHIP _____
NAME _____	PHONE _____	RELATIONSHIP _____

Under normal circumstances, we will not allow your child to leave with anyone other than the above. Therefore, send in a signed note when someone else is to be expected. If your plans change and you take your child directly from school, please notify us so we will not expect him/her. AFTER SCHOOL CARE PHONE IS 772-1010.

IT IS UNDERSTOOD AND AGREED THAT:

After school care will be open any day that school is in session. On days of early dismissal, we will open early to accommodate your needs at no extra charge. Late pick-ups will be charged \$1.00 for every ***minute*** after 6 PM. ***No exceptions.*** This payment is to be made to the person in charge at the time of pick-up. ***Habitual late pickups will result in termination of After School Care enrollment.*** Monthly tuition is due on the 1st of each month. There will be a \$15.00 late charge on payment received after the 10th of the month. ***Payments two months in arrears may result in termination of After School enrollment.*** A non-refundable registration fee of \$50.00 per student, \$75.00 per family, is required when you register.

- FEES:**
- 2:45- 4:00 = \$120 per month _____
 - 2:45-5:00 = \$150 per month _____
 - 2:45-6:00 = \$160 per month _____

Date _____ Signature _____