

St. Margaret of Antioch School's Morning/After Care Program Registration Form

Please Print

Child's Name	Last:	First:
Child's Address		
City/State/Zip		
Gender		M F
Grade		
Teacher		
Program Attending	Morning Care	
Days Attending	M T W Th F (circle days attending)	
Fees	\$11/hr	
Program Attending	After Care	
Days Attending	M T W Th F (circle days attending)	
Fees	\$11/Hr (charges start at 3pm or 11am depending)	

Parent/Guardian:	Relationship:
Phone:	Email:
Parent/Guardian:	Relationship:
Phone:	Email:

Sign –Out Information

Safety is priority for the SMS After Care Program; therefore, no child enrolled in the program will be released from the program without a parent/guardian signature or that of one of the three individuals below. (Note: The names below must be of someone 18 years or older and must have a valid ID on their person if need for reference when picking up the child.)

Parent/Guardian:	Phone:	Relationship
Parent/Guardian:	Phone:	Relationship

Parent/Guardian Signature: _____ **Date:** _____

Payment for care services is made via SMART Tuition. Dates attended will be calculated and sent to SMART. **NOTE that all JUNE fees will be collected daily via a cash or check to St. Margaret School. Please see Morning/Aftercare Program information on website.**

SITE COORDINATOR USE ONLY

Date application was received ___/___/___ Program: MC AC First day of enrollment ___/___/___

Note: _____

Initialed & Dated by Coordinator



To Serve. Not to Be Served.