



St. Paul School

After School Program

Registration Form

Child's name: _____ grade: _____

Home Address: _____

Home telephone number: _____

Allergies: _____

Mother's name: _____

Cell number: _____

Work number: _____

Father's name: _____

Cell number: _____

Work number: _____

E-mail address: _____

My child may be picked up by the following additional persons:

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

Other persons the staff can contact if my child needs to be picked up early due to illness or emergency only if parents or other authorized persons are not available:

Name: _____ phone _____

Name: _____ phone _____

If my child is to be picked up by someone other than the persons previously mentioned, I will call the school and give the name of the person and also give the code word I have provided below. This code word should be one known only to the school staff and myself.

Security code word: _____

In the event of an early dismissal due to inclement weather conditions or Police Emergency, Aftercare will not be open. Please make sure you have a contingency plan for picking up your child.

In addition, there will be no aftercare the day before a major holiday [ie. Thanksgiving, Christmas, Easter and the last day of school.]

Aftercare Rules

I understand that all persons picking up my child must be picked up by **5:30pm** and be prepared to show proper identification if unknown to the staff.

I understand that for this service there will be a charge of \$10.00 per hour for the first child and \$5.00 per hour for any additional child.

I understand that I will be billed at the beginning of each month for the prior month's "as used" time. I agree to pay this amount by the 15th of the month so that I may be allowed to continue using this service. I understand that if I am in arrears after the 30th of the billing month my child will be suspended from the Aftercare program until payment is made. In addition, I understand that there is a \$25.00 reinstatement fee that is required to reinstate my child into the aftercare program.

I further understand that my child must be picked up by **5:30pm**. If I am late, I will be charged an extra \$1.00 per minute for each minute after 5:45pm. Any child who is repeatedly picked up after 5:45pm will be asked to make other arrangements for pick-up or leave the After School Program.

Name of Parent/guardian [**please print**]: _____

Parent/guardian [**signature**]: _____

Dated: _____