



LAKE MICHIGAN

CATHOLIC SCHOOLS

AFTER SCHOOL CARE 2019-2020

Thank you for registering for After School Care for 2019-2020. Please complete the form below and pay the registration fee if you have not included it with your school registration. Please indicate whether your child/ren will attend full time or part time care. If part time, please circle the days of the week you will need. Return this form to the school office along with the registration fee in an envelope marked "After School Care Registration". Spots are filled on a first come first served basis.

If you have any questions or concerns, please feel free to contact me.

Thank you, Sue Zilke
szilke@lmclakes.org After
School Care Coordinator

CHILDREN'S NAMES & GRADES (for 2019-2020 school year)

Child's Name Grade

Child's Name Grade

Child's Name Grade

Child's Name Grade

Child's Name Grade

Child's Name Grade

PLEASE CHECK THE APPROPRIATE LINE

FULL TIME (5 days/week)

PART TIME (check which days) _____ M _____ T _____ W _____ T _____ F _____

ONLY USE OCCASIONALLY _____ (24 hour notice is required for occasional use)

Registration fee \$10/child (\$25.00 maximum/family) must be paid with registration form.

____ Check if After Care Registration fee was paid online with 2019-2020 school registration.

Parent Signature: _____