

# Before & After School Care Registration



All students must have a current Before & After School Care Registration Form on file in the office for emergency care procedures, whether or not you are planning to use the Before & After School Care Programs.

**Student Name**

**Class**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On a regular schedule \_\_\_\_\_ (Are you interested in the Advance Payment Discount Plan? \_\_\_\_\_) Occasionally \_\_\_\_\_

If you already know you will need care on a consistent basis, please indicate the days and care you will need.

		Monday	Tuesday	Wednesday	Thursday	Friday
AM Care:	7:00-8:30					
	7:30-8:30					
PM Care:	3:00-4:00					
	3:00-5:30					

Home Address

Phone

Cell

Email

\_\_\_\_\_

Father's Name

\_\_\_\_\_

Mother's Name

\_\_\_\_\_

Who else may pick up student?

\_\_\_\_\_

Preferred Physician

\_\_\_\_\_

Does your student have medical issues/allergies that need special consideration? \_\_\_\_\_

*Please attach explanation and/or physician's instructions if necessary.*

In case of emergency or serious illness, I request that St. Christopher School contact me. If I or my representatives are unavailable, I hereby authorize St. Christopher School to call the physician indicated and follow his/her instructions. If all above actions are exhausted and contact cannot be made, I authorize St. Christopher School to make whatever arrangements necessary to insure the wellbeing of my child/ren.

Signature of Parent/Guardian \_\_\_\_\_

Person Financially Responsible for payment of services \_\_\_\_\_

I hereby agree to pay for services in a timely fashion. Please make check out to St. Christopher School.

Signature of Parent/Guardian \_\_\_\_\_