



After Care Registration Form

Child's Name

Grade

Home Address

City, State Zip

Home phone

Father's Name

Cell Phone

Work Phone

Email address

Mother's Name

Cell Phone

Work Phone

Email address

Additional Authorized Pick-Up Persons

Name

Cell Phone

Work Phone

Name

Cell Phone

Work Phone

If the child is not being picked-up, but attending practice for St. John Athletics, please signed below, authorizing your child to be released to the coach.

Father

Mother

Medical Information / Special Concerns

Allergies _____

Medications _____

Please list any additional information regarding your child.

After Care Schedule

*After Care is only available on full school days

_____ Required Key FOB Deposit	\$10 (refunded when FOB is returned)
_____ Semester 1 - Aug 17-Dec. 21	\$520 pay in full by Aug. 31 (\$70 discount) \$104 monthly (Aug-Dec, due by the 15th of each month)
_____ Semester 2 - Jan. 8-May 22	\$525 pay in full by Jan. 31 (\$70 discount) \$105 monthly (Jan-May, due by the 15th of each month)
_____ Individual Dates (i.e. sports practices)	\$7 per day * Fee assessed at end of month * Due by the 15th of next month

My child will be attending on the following days:

Monday Tuesday Wednesday Thursday Friday Various*

*Reservation must be made 2 days in advance to use the program

Estimated pick-up time: _____

Father's Signature

Date

Mother's Signature

Date