



# After Care Registration Form

2019-2020

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 sign 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)
_____ Annual (K-8th grade)	\$1010 pay in full by Aug. 31
_____ Annual (K-8th grade)	\$101 monthly (Aug-May, due by the 15th of each month)
_____ Annual (LL 5 Day Full Day)	\$505 pay in full by Aug. 31
_____ Annual (LL 5 Day Full Day)	\$50.50 monthly (Aug-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