



After Care Registration Form

2020-2021

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)	\$970 pay in full by Aug. 31
_____ Annual (K-8th grade)	\$97 monthly (Aug-May, due by the 15th of each month)
_____ Annual (Little Lamb Full Day)	\$485 pay in full by Aug. 31
_____ Annual (Little Lamb Full Day)	\$48 monthly (Aug-May, due by the 15th of each month)
_____ Individual Dates (i.e. sports practices)	\$7 per day (\$3.50 LL Full 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 at least 1 day in advance to use the program

Estimated pick-up time: _____

Father's Signature

Date

Mother's Signature

Date