

Registration Fee:

**St. Mary's School Age Care (SAC) 2017-2018**

First Child: \_\_\_\_\_

First Name Last Name Nickname (if applicable)

Grade (Fall '17): \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Second Child: \_\_\_\_\_

First Name Last Name Nickname (if applicable)

Grade (Fall '17): \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Third Child: \_\_\_\_\_

First Name Last Name Nickname (if applicable)

Grade (Fall '17): \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Programs & Fees:**

**After School Care**

**Hours:** 2:40 – 5:30 PM

Please choose one:  **Full Time care**  **Drop-In care**

**Fees:**

\$25 Registration Fee/per family  
\$1140 per child/per year (OR \$30 per child/per week OR \$126.67 per child/per month)

\* Families, **choosing Full-time care**, with 2 or more children, will receive a 10% discount on the 2<sup>nd</sup> / 3<sup>rd</sup> child.

Drop In care = \$10 per child/per day

**Before School Care**

**FEES:** \$190 per child/per trimester (\$570 per year/per child) **Hours:** (6:30-7:30 a.m.)

A 10% discount will be given for the 2<sup>nd</sup> or 3<sup>rd</sup> child, registered for full-time morning care.

**Designated Fun Day** (*must be registered for SAC [School Age Care]*)

**Fee:** \$25 per child **Hours:** 7:30 a.m. – 4:30 p.m

**Please complete other side**

**\*Please put a 1 or 2 by the first and second persons you want contacted in case of emergency.**

**Father's Name:** \_\_\_\_\_

Place of Employment: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Place of Employment: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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**Please list persons to be contacted when parents cannot be reached:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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**Health History Update(this information is kept confidential/for SAC Director only:**

Does your child have any major illness, allergies (including food) or other health problems which St. Mary's SAC staff should be aware?

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Is your child taking any medications: \_\_\_\_\_

If, yes, please list why: \_\_\_\_\_

**Parental/Guardian Consent:**

I have read and agree to St. Mary's SAC policies printed in the parent handbook. I understand that St. Mary's SAC reserves the right to make decisions about registration and participation in activities and programs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_