

## St. Mary's After School Program

Parent/Guardian: \_\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

First Child: \_\_\_\_\_  
Last Name First Name Nickname (if applicable)

Current Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Second Child: \_\_\_\_\_  
Last Name First Name Nickname (if applicable)

Current Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Third Child: \_\_\_\_\_  
Last Name First Name Nickname (if applicable)

Current Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Dates/Times Desired:**

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Pick up: _____	Pick up: _____	Pick up: _____	Pick up: _____	Pick up: _____

NON SCHOOL DAYS

DROP IN

AM CARE\*

\*The AM care has not yet been approved. Please indicate above if you would be interested.

**Fees:**

\$25 Registration Fee  
\$30/Week  
\$10 Drop in/Day  
\$25 Designated Fun Days

**Hours:**

After School Program: 2:40 – 5:45 p.m.  
Fun Days: 6:45 a.m. – 5:45 p.m.

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

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

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

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

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

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

Marital Status:  Married  Separated  Divorced  Single

Children Live With  Both Parents  Father  Mother  Other

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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:**

Does your child have any major illness, allergies-including food, or other related health problems that St. Mary's staff needs to be aware of? Please explain.

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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 After School Program policies located in the parent hand book. I understand that St. Mary's reserves the right to make decisions about registration and participation in activities and programs.

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