

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: _____

Second Child: _____

First Name Last Name Nickname (if applicable)

Grade (Fall '17): _____ Sex: _____ Date of Birth: _____

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 2nd / 3rd child.

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

Before School Care

FEE: \$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 2nd or 3rd 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: _____

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

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

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?

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: _____