

**Annunciation Catholic School  
2018-2019 Application for After-School Care**

Program hours: Dismissal (2:45pm) - 5:30pm

If you wish to register, please return this form with the non-refundable, registration fee of \$30 per child, or \$35 per family to the school office **BEFORE YOUR CHILD ATTENDS AFTER-SCHOOL CARE**. The fee is \$10 per day, per child, or \$50 per week, per child. There will be a \$20 late fee for students picked up after 5:30pm, and an additional \$20 for every fifteen minutes after 5:45pm.

Family Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*For Office Use Only*

Date rec'd \_\_\_\_\_ Amount rec'd \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

**Student Information**

Please list the names of any children who will attend After-School Care in 2018-2019:

*\*For students that require only occasional use of the program, please attach a written explanation.*

Student name(s)	Grade for 2018-2019	Days Needed (circle)	Birthdate
		M - T - W - R - F	
		M - T - W - R - F	
		M - T - W - R - F	
		M - T - W - R - F	

**Parent/Guardian Information**

Please list the names of any parents, grandparents, relatives or adults that will be picking up your children.

*\*These names will be used in case of emergency if a parent cannot be reached.*

First and Last Name	Relationship to Student	Place of Employment	Work Phone	Cell Phone

**Please list any pertinent health information or allergies:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I give my permission for the After-School Care staff to view pertinent health information about my child.

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