

BEFORE / AFTER SCHOOL CARE REGISTRATION
ST. JOHN THE EVANGELIST SCHOOL
2016 - 2017

We ask that all families complete this form even if you are not planning to utilize Before/After School Care. We need to have the information in case an emergency arises and you must use Before/After School Care.

CHILD'S NAME

GRADE

ANY KNOWN ALLERGIES: _____

PARENT/GUARDIAN _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

PERSONS AUTHORIZED TO PICK UP CHILD/CHILDREN:

NAME PHONE

NAME PHONE

NAME PHONE

NAME PHONE

I plan to register for Before/After School Care.

I do not plan to register for Before/After School Care.

REGISTRATION FEE

\$25.00 FOR ONE CHILD
\$15.00 FOR EACH ADDITIONAL CHILD

DATE PAID: _____

AMOUNT: _____

CHECK #: _____