



# 2017-2018 After School Registration

Please complete registration form entirely and sign before turning it in. Please complete one form for each child.  
 Return form and a \$10.00 (per child) non-refundable registration fee to: St. John School - After School  
**Cost: Full Time: 1 child - \$45 per week, 2 children - \$75 per week, 3 or more children - \$100 per week**  
**Part Time Care and Emergency Care will be \$10 per day**

**CHECK ONE:** Full time (5 days/wk) \_\_\_\_\_ Part time (1-4 days/wk) \_\_\_\_\_ As Needed/Emergency Care \_\_\_\_\_

**Child Information: Please Print and complete entire form**

Child's Last Name		Middle	First	Nickname
Date of Birth (Month/Day/Year)	Age	Grade	Phone	Male _____ Female _____
Home Address			City/State/Zip	
Parent/Guardian		Place of Employment	Work Number ( )	Cell Number ( )
Parent/Guardian		Place of Employment	Work Number ( )	Cell Number ( )

**Child Release Authorization/Emergency Contacts**

Persons <b>AUTHORIZED</b> to Pick up Your Child:		
Name	Relationship to Child	Hm/Wk/Cell Numbers
Name	Relationship to Child	Hm/Wk/Cell Numbers
Name	Relationship to Child	Hm/Wk/Cell Numbers

**Persons NOT Authorized to Pick Up Your Child**

Name
Name

**Health Information**

Name of Child's Physician	Physician Phone Number
Please list any allergies or medical conditions your child has:	
Please list any medications your child is currently taking and for what condition:	

**Parental Consents**

**Parent/Guardian Agreement:** The child herein described has my permission to engage in all activities. **I understand that my child is expected to adhere to the policies of the St. John School Parent/Student Handbook while in aftercare.** In the event I cannot be reached in an emergency, I hereby give permission to the director of the program to secure emergency medical services including transportation and a physician. I also give permission to the attending physician to order injection, anesthesia, or surgery for my child, as named above. In the event of a life or death emergency, the St. John After School program does not carry medical insurance on it's students. **Please provide a copy of your insurance card,** to accompany this registration form.

Signature of Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_\_