



# 2019-2020 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<br>( ) | Cell Number<br>( )      |
| Parent/Guardian                |     | Place of Employment | Work Number<br>( ) | Cell Number<br>( )      |

**Child Release Authorization/Emergency Contacts**

|  |                       |                    |
|--|-----------------------|--------------------|
| Persons <i>AUTHORIZED</i> 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 \_\_\_\_\_