



**St. Margaret of Antioch School's Morning - After Care Program Registration Form**

Child's Name	<b>Last:</b>	<b>First:</b>
Child's Address		
City/Zip		
Date of Birth	(month/day)	
Gender	<b>M</b>	<b>F</b>
Grade		
Teacher		
Program Attending	<b>Morning Care</b>	(circle if attending)
Days Attending	<b>M T W Th F</b>	
Fees	<b>\$10</b>	
-----		
Program Attending	<b>After Care</b>	(circle if attending)
Days Attending	<b>M T W Th F</b>	
Special Needs	<b>Yes No</b>	<i>If Yes, what?</i>
Fees	<b>\$10/Hr</b>	(starting at 3pm or 11am depending)

Parent/Guardian:	Relationship:
Phone:	Email:
Parent/Guardian:	Relationship:
Phone:	Email:

**Sign Out Information**

Safety is priority for the St. Margaret After Care Program; therefore, no child enrolled in the ACP will be released from the program without a parent/guardian signature or that of one of the three individuals below (Note: The names below must be of someone 18 years or older and must have a valid ID upon request).

Parent/Guardian:	Phone:	Relationship:
Parent/Guardian:	Phone:	Relationship:

Parent/Guardian (print): \_\_\_\_\_

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

Payment for the MCP & ACP is made via SMART Tuition September through May. June will be invoiced directly from the main office of SMS.

**SITE COORDINATOR USE ONLY**

Date application was received \_\_\_/\_\_\_/\_\_\_ Program: **MCP ACP** First day of enrollment \_\_\_/\_\_\_/\_\_\_

Note: \_\_\_\_\_

Initialed & Dated by Coordinator

