



JOHN PAUL THE GREAT
ACADEMY

Student Last Name

First Name

Grade Level

Before/Aftercare Program

A completed form is required for **all grades** if students intend to go to Before/After Care

Student Information

Street Address

City State Zip

_____/_____/_____
Date of Birth Gender (circle): M F

Beforecare Attendance Frequency (please circle) M T W TH F

Aftercare Attendance Frequency (please circle) M T W TH F

Food & Other Allergens (please circle) Yes No

If "Yes", please specify allergens: _____

Primary Parent/Guardian

Last Name First Name

Cell Phone Work Phone Home Phone

Please list additional adults permitted to "sign out" your child

Name Cell

Name Cell

Secondary Parent/Guardian

Last Name First Name

Cell Phone Work Phone Home Phone

Beforecare Drop Off: Pieta Statue/Picnic
Tables in inclement weather

Time: 7:15 a.m. - 7:30 a.m. M-F

\$20/monthly registrant

\$2/day for "drop-ins"

Non-Parental Emergency Contact

Last Name First Name

Cell Phone Work Phone Home Phone

Aftercare Location: De La Salle
Courtyard

Time: 3:30 p.m. - 5:30 p.m. M-F

(with the exception of noon dismissal days)

\$75/monthly registrant

\$7/day for "drop-ins"

\$3.50/day for 4:30 p.m. pick-up

Tardy Pick-up Fee: \$1/minute after 5:30 p.m.

I understand and agree to honor, as well as encourage my child to honor, the John Paul the Great Academy Before/Aftercare Program Guidelines.

Signature of Parent/Legal Guardian

Date

Relationship to Student