

**ST. MARTIN DE PORRES CATHOLIC SCHOOL
AFTERCARE PROGRAM**

Registration Form Academic Year 2018 - 2019

STUDENT INFORMATION

Student's Name: _____ Grade: _____

Please list any allergies/other medical concerns

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PARENT CONTACT INFORMATION

Father _____

Address _____

City, Zip _____

Contact Phone #1 _____

Contact Phone #2 _____

Mother _____

Address _____

City, Zip _____

Contact Phone #1 _____

Contact Phone #2 _____

AUTHORIZED INDIVIDUAL FOR RELEASE

List the individuals you authorize to sign your student out. They must present a valid I.D.

Name: _____ Relationship _____

Contact Phone # _____ Alternate # _____

Name: _____ Relationship _____

Contact Phone # _____ Alternate # _____

Oldest Child First/Last Name _____

DAYS AND TIMES OF USE

Afternoon(fee schedule below) 3:15 - 6:00PM Pick-up time _____

___Monday ___Tuesday ___Wednesday ___Thursday ___Friday ___Occasional

FEE SCHEDULE

Monthly Fee
1st Child \$275.00/month
2nd Child \$135.00/month
3rd Child \$70.00/month

Daily Drop in Charge
\$17.00/per Student / per day

Rates will be determined based on actual days you attend. You will be billed the lowest amount (daily/monthly) once calculated at the end of the month. All monthly charges and daily charges will be billed on the last school day of the month.

Late Pickup charge: Students must be picked up by 6:00pm. A late fee of \$5 per minute will be assessed beginning at 6:01.

****AFTER CARE FEES WILL BE COLLECTED THROUGH FACTS INCIDENTALS****

By signing below, you agree to pay the charges incurred monthly. You also acknowledge that the persons listed above are authorized to pick up your student and that your Emergency Contact may be called if a parent cannot be reached.

Parent Signature

Date