



**Before and After School Care Program
2017-2018 Registration Form**

Family Name: _____

Date: _____

Parent/Guardian Email: _____

<u>Student Name(s)</u>	<u>M/F</u>	<u>Grade</u>	<u>Care Needed (Circle all that apply)</u>					
_____	_____	_____	Mon	Tue	Wed	Thu	Fri	AM or PM or Both
_____	_____	_____	Mon	Tue	Wed	Thu	Fri	AM or PM or Both
_____	_____	_____	Mon	Tue	Wed	Thu	Fri	AM or PM or Both

Please indicate approximate AM drop-off time / special notes: _____

Please indicate approximate PM pick-up time / special notes: _____

Total Monthly Tuition: \$ _____

Total One Time Annual Registration Fee: \$ _____
(\$50 per child)

OFFICE USE:

Contact Information (Please use phone # to best reach you during Before / After School Care hours)

Parent(s) / Guardian Name	Phone (cell preferred)	Relationship to Child
_____	_____	_____
_____	_____	_____

Authorization for pick-up and Contact Information (if / when different from parent / guardian)

Name	Phone (cell preferred)	Relationship to Child
_____	_____	_____
_____	_____	_____

I (We) accept the terms and guidelines of the Saint Margaret Mary Before and After School Care Program.
I (We) will review the rules with our child / children.

Parent / Guardian Signature: _____ Date: _____