ST. MARGARET MARY
CATHOLIC SCHOOL

Before & After School Care Program

Registration Form: School Year _____

Parent(s) Name: _____ Date: _____

Parent/Guardian Email: _____

Student Name	M/F	Grade	Care Needed – Circle All That Apply							
			Mon	Tue	Wed	Thu	Fri	AM	PM	Both
			Mon	Tue	Wed	Thu	Fri	AM	PM	Both
			Mon	Tue	Wed	Thu	Fri	AM	PM	Both

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

_____

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

_____

Total Monthly Before and After Care Tuition: $_____**

Total One Time Annual Registration Fee: $_____* ($60 per child)

* All monthly payments, registration & drop in fees will be processed through your online FACTs account.

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

Parents/Guardians Names	Cell Phone	Relationship to Child

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

Name	Cell Phone	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: