



## Before and After School Care Program 2021-2022 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 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)

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

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

<b>Name</b>	<b>Phone (cell preferred)</b>	<b>Relationship to Child</b>
_____	_____	_____
_____	_____	_____

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: \_\_\_\_\_