

FEE: Cash
Check #

REGISTRATION FORM

\$10.00 fee per family

Before and After School starts on 8/29/11, the first day of school

(Please Fill Out, Detach, and Return)

1 Sheet Per Family

I have read and understand all policies stated in the Before School / After School Program Handbook.

Parent/Guardian Signature

Child's Name: _____ Grade: _____
_____ Grade: _____
_____ Grade: _____

_____ We will be using the program on a part-time basis.

_____ We will be using the program for Early Dismissal days. (12:30 p.m.)

_____ We will be using the program for late opening days. (10:30 a.m.)

_____ We will be using the program on a full-time basis as indicated below:

Please fill in the DAYS AND TIMES:

Before School hours: _____

After School hours: _____

Please indicate the date your child will start Before School and/or After School _____

SAINTS PETER AND PAUL BEFORE AND AFTER SCHOOL
Emergency Form 2011-2012
Please Print clearly

Grade _____

Student Name _____

DOB _____

Address _____

City _____

Zip _____

Parent/Guardian Information – Please print clearly

Mother

Father

Name _____

Name _____

Address _____

Address _____

Home Ph # _____

Home Ph# _____

Employer _____

Employer _____

Work # w/area code _____

Work# w/area code _____

Cell Ph# _____

Cell # _____

Child lives With ___Both Parents ___Mother ___Father ___Other

If there is someone other than the parent/guardian who may be picking up your child/children, please put their names & relationship to the child/children here:

If there are persons who **may not** pick up your child/children, please list their name & relationship to the child here:

Does your child have any food or other allergies & does he/she take medications for these allergies?

3 MANDATORY EMERGENCY CONTACTS (other than parents)
PLEASE PRINT CLEARLY

1.Name_____ Relationship_____

Address_____ City_____ St. ____ Zip_____

Home #_____ Cell #_____

WORK # _____

2.Name_____ Relationship_____

Address_____ City_____ St. ____ Zip_____

Home #_____ Cell Ph#_____

WORK # _____

3. Name _____ Relationship_____

Address_____ City_____ St. ____ Zip_____

Home #_____ Cell Ph#_____

Work # _____

ALL STUDENTS MUST HAVE 3 EMERGENCY CONTACTS OTHER THAN PARENTS

PLEASE NOTE: Please notify me of any changes of your personal info, address, home, cell, or work numbers Thank you.

Email Bills

All billing will be done through e-mail. Bills will be sent out on Saturday for the previous week. They are due in full by the following Friday.

You will no longer receive a hard copy. You may print a copy of the bill for income tax purposes.

My e-mail address is neelie50@att.net

Please check your spam folder if you do not receive your bill by Saturday of your first billing week.

Please notify me if your change your e-mail address during the school year.

PLEASE PRINT CLEARLY

CHILD'S NAME: _____ GRADE _____

E-MAIL ADDRESS _____
For Billing

PARENT NAME _____