

SAINT THOMAS THE APOSTLE AFTER SCHOOL REGISTRATION FORM

Family Registration Fees: A one-time registration fee of \$25.00 per family is due with this registration form. **No child will be allowed to stay for Aftercare without a registration form on file in the school office, and the registration fee paid.**

Family Name: _____ E-Mail: _____

Mother's Name: _____ Father's Name: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child(ren)'s Primary Address:

Contact Information:

Mother's Home/Cell/Work Phones (please indicate the order you would like to be contacted):

Home: _____ Cell: _____ Work: _____

Father's Home/Cell/Work Phones: (please indicate the order you would like to be contacted):

Home: _____ Cell: _____ Work: _____

Emergency Names and Numbers: Please list the adults who may be contacted in the event you can not be reached, and who have permission to pick up your child(ren). If at any time these names change, please send an updated contact list to the office. **No child will be allowed to leave without written permission.**

Name: _____ Phone: _____

Name: _____ Phone: _____

Allergies/medical concerns:

Please indicate which days your child(ren) will attend. Please note that there will be **NO DROP IN OPTION** THIS YEAR:

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Parent Signature: _____ Date: _____

Students in the After-Care Program are required to follow all polices and rules set forth in the School Handbook.