ST. AMELIA SCHOOL

Inspiring Excellence Every Day

AFTER-SCHOOL PROGRAM

REGISTRATION FORM

PLEASE PRINT:

NAME (Child) ______________________________GRADE _____________ HOMEROOM ____________ AGE__________

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NAME (Child) ______________________________GRADE _____________ HOMEROOM ____________ AGE__________

ADDRESS____ PHONE ________________________________

PARENT NAME ____ CELL PHONE ___________________________

PARENT NAME ____ CELL PHONE ___________________________

EMERGENCY NUMBER (OTHER THAN PARENTS):

(Name) ____ (Phone) ____________________ (Relationship)______________

PERSON(S) RESPONSIBLE FOR PICKING UP CHILD:

(Name) ____ (Phone) ____________________ (Relationship)______________

(Name) ____ (Phone) ____________________ (Relationship)______________

If there is a change to who will be picking up your child, please email afterschool@stameliaschool.org

ALLERGIES OR SPECIAL INFORMATION:

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Please **circle** your needs (**days attending)** for after-school care:

Weekly Basis: Monday through Friday

Daily Basis: Monday Tuesday Wednesday Thursday Friday

On an "As Needed" Basis: ____

A completed After-School Registration Form
MUST BE COMPLETED PRIOR
to anyone's participation in the After-School Program.

PAYMENT AGREEMENT: Payment will be collected via Facts on a monthly basis.

DELINQUENT ACCOUNTS WILL RESULT IN DISMISSAL OF THE CHILD(REN) FROM THE AFTER-SCHOOL PROGRAM.

Parent's Signature:____ **Date:** _________________________