

ST. MARTIN DE PORRES CATHOLIC SCHOOL  
AFTERCARE PROGRAM

Registration Form Academic Year 2018 - 2019

**STUDENT INFORMATION**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please list any allergies/other medical concerns

\_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please list any allergies/other medical concerns

\_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please list any allergies/other medical concerns

\_\_\_\_\_

**PARENT CONTACT INFORMATION**

Father \_\_\_\_\_

Address \_\_\_\_\_

City, Zip \_\_\_\_\_

Contact Phone #1 \_\_\_\_\_

Contact Phone #2 \_\_\_\_\_

Mother \_\_\_\_\_

Address \_\_\_\_\_

City, Zip \_\_\_\_\_

Contact Phone #1 \_\_\_\_\_

Contact Phone #2 \_\_\_\_\_

**AUTHORIZED INDIVIDUAL FOR RELEASE**

List the individuals you authorize to sign your student out. They must present a valid I.D. when picking up.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_

Oldest Child First/Last Name \_\_\_\_\_

**DAYS AND TIMES OF USE**

Morning (no charge) 7:00 - 7:50AM

Drop-off time \_\_\_\_\_

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Occasional

Afternoon(fee schedule below) 3:15 - 6:00PM

Pick-up time \_\_\_\_\_

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Occasional

**FEE SCHEDULE**

One - Time Registration Fee / Supply Fee: \$30.00 per student.

Monthly Fee

1st Child \$350.00/month

2nd Child \$175.00/month

3rd Child \$87.50/month

Daily Drop in Charge

\$20.00/per Student / per day

The daily rate will be used if the student attends 9 days or less in a month. All monthly charges and daily charges will be billed on the last school day of the month.

Late Pickup charge: Students must be picked up by 6:00pm. A late fee of \$5 per minute will be assessed after that. If a student has not been picked up by 6:15, the local police will be called.

**\*\*AFTER CARE FEES WILL BE COLLECTED THROUGH FACTS INCIDENTALS\*\***

By signing below, you agree to pay the monthly convenience fee and all other charges incurred monthly. You also acknowledge that the persons listed above are authorized to pick up your student and that your Emergency Contact may be called if a parent cannot be reached.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

