



Office use only:
Registration Fee Received for:
Early Care _____
After Care: _____
Check Number: _____
Date Rec'd: _____

**K-8 EARLY CARE/AFTER SCHOOL CARE REGISTRATION FORM**

**FAMILY INFORMATION**

Parent(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Cell Phone: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Work Phone: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

**FEE SCHEDULE**

	REGISTRATION	DAILY FEE	HOURS AVAILABLE
EARLY CARE	\$25.00/child	\$2.00/day/child	7:00-7:30 a.m. M-F
AFTER CARE	\$25.00/child	\$8.50/day 1 child \$7.00/day/child (2+)	3:15-5:45 p.m. M-F

\*Registration Fees are due when forms are submitted.

\*Daily charges and late fees will be billed monthly through FACTS incidental billing.

STUDENT NAME	STUDENT GRADE	EARLY CARE	AFTER CARE	BOTH
1.				
2.				
3.				
4.				

**Late Pick Up Fee:** A late fee of \$1.00/minute/child will be assessed for any child picked up after 5:45 p.m.

\*\*Students in Early/After Care must abide by all policies and regulations as stated in the Student/Parent Handbook.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**EARLY/AFTER CARE HEALTH INFORMATION  
PARENTAL AUTHORIZATION**

**EMERGENCY CONTACTS**

NAME	RELATIONSHIP TO CHILD	PHONE NUMBER
1.		
2.		
3.		

**HEALTH CARE INFORMATION**

STUDENT NAME	PHYSICIAN AND PHONE	DENTIST AND PHONE
1.		
2.		
3.		
4.		

In the event of a serious injury or accident which requires immediate emergency attention and the parent or designee cannot be reached, I hereby authorize the Early or After Care Director and Prince of Peace Catholic School to transport my child(ren) ,

\_\_\_\_\_ ,  
by ambulance to the nearest hospital or health care facility. I further authorize any and all medical treatment deemed necessary for the treatment of my child(ren). Every reasonable effort will be made to contact the parents and/or guardians or other designated adults for consultation regarding the injury and/or treatment.

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Hospital Preference:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*We light the Candles, They light the World.*

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