

After-School Care Application Form (2017-2018)

ONE FORM PER FAMILY - KINDERGARTEN THROUGH 8TH GRADE

(REGISTRATION FEE: \$25 per child OR \$40 per family)

Child Name: _____ Date of Birth: _____ M/F: _____

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Please mark all that apply: QHR Parishioner SPX Parishioner JP II Catholic School Family

AFTER-SCHOOL CARE ENROLLMENT (School-Age Care ONLY)

OFFICE USE ONLY:

Date of Admission: _____

Date of Termination: _____

After-School Care

Days of Attendance: M T W TH F

Approximate Time of Arrival: _____

Approximate Time of Departure: _____

Summer Care

Days of Attendance: M T W TH F

Approximate Time of Arrival: _____

Approximate Time of Departure: _____

MOTHER/ GUARDIAN

First Name: _____ Last Name: _____

Street Address: _____ City/ST: _____ Zip: _____

Cell phone: _____ Preferred Home phone: _____ Preferred

Email: _____ Business phone: _____ Preferred

FATHER/ GUARDIAN

First Name: _____ Last Name: _____

Street Address: _____ City/ST: _____ Zip: _____

Cell phone: _____ Preferred Home phone: _____ Preferred

Email: _____ Business phone: _____ Preferred