

## After-School Care Application Form (2019-2020)

ONE FORM PER FAMILY - KINDERGARTEN THROUGH 8<sup>TH</sup> GRADE

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

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_  
Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_  
Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_  
Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_

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

**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