

ST. JOSEPH THE WORKER AFTER SCHOOL PROGRAM

Registration Form 2020-2021

(Please Print)

Student's Name _____

Grade _____ Age _____ Date of Birth _____

Address _____

Mother's/ Guardian's Name: _____

Address (if different from above) _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ E-mail _____

Father's/ Guardian's Name: _____

Address (if different from above) _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ E-mail _____

Does your child have any allergies or medical concerns? _____

Emergency Contacts (if parents or guardians are not available)

1. Name: _____ Relationship: _____

Phone # _____

2. Name: _____ Relationship: _____

Phone # _____

Please Choose One Option:

_____ Bill me the daily rate.

_____ Bill me the monthly rate.

We reserve the right to decline or cancel participation in this program due to disciplinary concerns, non-payment of fees or if children are not picked up by 6:00 pm.

Parent's Signature: _____ Date: _____

Please return this completed form with the non-refundable fee of \$25.00 per family.

Make checks payable to: St. Joseph the Worker Catholic Academy

For Office Use:

Date: _____

Check # _____

Amt. _____