



**St. Anthony De Padua After School Program
REGISTRATION FORM 2010-2011 School Year**
*After School Care is open to all St. Anthony school children enrolled in PK
through Grade 8 for the 2010-2011 school year.*

Parent/Guardian Name(s) _____

Child(ren) Name & ages _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (work) _____ (cell) _____

Emergency Contact Person (*please call this person, if I cannot be reached at the above numbers*)

Name/Relationship _____ Primary Phone _____

Secondary Phone _____

I/We are enrolling _____ child(ren) in the St. Anthony's After School Care Program for the 2010-2011 School Year. My/Our child(ren) will be attending:

Fees for 2010-2011 School Year Are:

\$9 per day for 1 child

\$11 per day for 2 children

\$15 per day for 3 or more children

If enrolled in a PK program, After School Care is only available to those children who are here in the afternoon for the 3 p.m. bell.

_____ 5 Days per week (M-F) except when school is not in session.

_____ My child only needs after school care on these days: _____

_____ My child is signed up for the drop-in service and I realize I must pay at pick-up each time.

There is a \$20 family enrollment fee for the 2010-2011 school year. This must be paid whether utilizing the program full-time, part-time or drop-in service. Please make checks payable to St. Anthony After School Care. Thank you.

After School Care is open Monday-Friday from 3 – 6 p.m. (when school is in session)

My average pick up time will be: _____

I/We understand that I/We am/are responsible for picking up on time, paying on time each week of attendance or when using drop-in service.

Signature _____

For questions or more information, please contact Barb DeMetz at 255-6205 or 274-3558