

LAST NAME: _____

REGISTRATION FEE
MUST BE ATTACHED
WITH THIS FORM.



St. John the Baptist School BeforeCare/AfterCare Program Registration Form 2021-2022

Student's Name: _____ Age: _____ Grade 2020-2021 _____

Student's Name: _____ Age: _____ Grade 2020-2021 _____

Student's Name: _____ Age: _____ Grade 2020-2021 _____

MOTHER/ GUARDIAN

Name _____ Address _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email address _____

FATHER/ GUARDIAN

Name _____ Address _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email address _____

In the event of an emergency, every effort will be made to notify parents. If necessary, a child(ren) will be transported to the closest medical facility by emergency vehicle. We will continue to attempt to notify parents.

Medical Alerts: _____

Allergies: _____

Dietary Restrictions: _____

Medications: _____

Please check appropriate response:

___ I **DO** give permission for my child to be photographed and the photos used by St. John the Baptist School.

___ I **DO NOT** give my permission for my child to be photographed and/or photos displayed.

I acknowledge that I have read all information above and given to me and agree to adhere to the guidelines, information, and procedures set by the St. John the Baptist AfterCare Program. The information provided on the enrollment form is, to the best of my knowledge, current and accurate. I will update After School Care when contact information changes. Payment of the non-refundable registration fee accompanies this Registration Form.

Parent's (Guardian's) Name (please print)

Parent's (Guardian's) Signature & Date

List the name and contact information for **ALL** persons authorized to pick-up your child.

These individuals may also be contacted in the event of an emergency if a parent/guardian can not be reached.

Photo identification may be requested by St. John the Baptist After Care staff.

Children are not allowed to enter or leave facility without being escorted by a parent or adult person authorized by parents or aftercare personnel. **UNDER NO CIRCUMSTANCES** will St. John the Baptist Aftercare release a child to anyone NOT identified on the form provided for authorized pickup, or not otherwise known to school staff without specific written authorization from parent/ guardian who enrolled the child. It is the responsibility of the enrolling parent to provide legal documentation if a child is NOT to be released to a non-custodial parent or individual.

I authorize St. John the Baptist After Care to release my child to the persons listed below :

Name: _____ **Relationship:** _____

Home Number: _____ Work Number: _____ Cell Number: _____

Address: _____

Name: _____ **Relationship:** _____

Home Number: _____ Work Number: _____ Cell Number: _____

Address: _____

Name: _____ **Relationship:** _____

Home Number: _____ Work Number: _____ Cell Number: _____

Address: _____

Name: _____ **Relationship:** _____

Home Number: _____ Work Number: _____ Cell Number: _____

Address: _____

Name: _____ **Relationship:** _____

Home Number: _____ Work Number: _____ Cell Number: _____

Address: _____

Name: _____ **Relationship:** _____

Home Number: _____ Work Number: _____ Cell Number: _____

Address: _____

In response to the COVID-19 pandemic, we must limit the number of students attending aftercare to a maximum of 30 per day. Please fill out the schedule below with the days that your child(ren) will be attending. Students WILL NOT be permitted to attend aftercare on a

Child Name _____ Grade _____

Monday	AM _____	PM _____
Tuesday	AM _____	PM _____
Thursday	AM _____	PM _____
Friday	AM _____	PM _____

Child Name _____ Grade _____

Monday	AM _____	PM _____
Tuesday	AM _____	PM _____
Thursday	AM _____	PM _____
Friday	AM _____	PM _____

Child Name _____ Grade _____

Monday	AM _____	PM _____
Tuesday	AM _____	PM _____
Thursday	AM _____	PM _____
Friday	AM _____	PM _____

Child Name _____ Grade _____

Monday	AM _____	PM _____
Tuesday	AM _____	PM _____
Thursday	AM _____	PM _____
Friday	AM _____	PM _____

Child Name _____ Grade _____

Monday	AM _____	PM _____
Tuesday	AM _____	PM _____
Thursday	AM _____	PM _____
Friday	AM _____	PM _____