

ST. DOMINIC PARISH AFTER SCHOOL CARE
Registration Form
2017-2018 School Year \$ 50.00 Registration Fee PER CHILD

Mother's Name _____ Father's Name _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Home Phone _____ Cell Phone _____
 Work Phone _____ Work Phone _____
 Employer Name _____ Employer Name _____

Emergency Contact _____ Phone _____ Relationship _____
 Emergency Contact _____ Phone _____ Relationship _____
 Pickup Authorization _____ Phone _____ Relationship _____
 Pickup Authorization _____ Phone _____ Relationship _____

EMAIL ADDRESS: _____

Circle Name of Contact for Email Address: **MOM** **DAD** **OTHER** _____

	CHILD 1	CHILD 2	CHILD 3
Grade			
Age Male/Female (M/F)			
First Name, Middle Initial			
Last Name			
"Goes By" Name			
Birthday (MM/DD/YY)			
Does your child have any food allergies?			
Does this child have any physical conditions of which we should be aware?			

.....
 I have read the following agreement and understand what is required for my child to be enrolled in the After-School Program.

1. I agree to pay all registration fees required in advance of my child attending the program.
2. I agree that all my ASC Tuition will be paid via St Dominic Parish Automatic Fee Payment Agreement.
3. I understand that my child(ren) will support all rules and regulations and understand they may be asked to leave should incidences reoccur.
4. I will notify the Director immediately if for some reason I am not pleased with the care my child is receiving.
5. I agree to support the staff in their efforts to provide a safe and respectful environment.
6. I agree to pay ALL Late Fees and Return Authorization Fees.
7. I, _____ authorize St. Dominic staff to obtain emergency medical treatment for my child(ren) in case of an emergency.

 (SIGNATURE OF PARENT OR GUARDIAN)

 (DATE)