

2024-2025 St. Athanasius After School Care Enrollment Form

A \$60.00 registration fee per family is due with this form

Please circle choice needed:

Full Time (4-5 days/week)

Part Time (2-3 days/week)

Drop In (1 day ONLY/week)

1 child - \$75.00

1 child - \$55.00

1 child - \$25.00

2 children - \$95.00

2 children - \$75.00

2 children - \$35.00

3 children - \$115.00

3 children - \$95.00

3 children - \$45.00

Please circle the days your child will be attending each week: **Mon Tues Wed Thurs Fri**

*Please fill out a separate form for each additional child

| Last Name | First Name | M.I | Male Female | Date of Birth | Grade Entering |
|-----------|------------|-----|----------------|---------------|----------------|
|-----------|------------|-----|----------------|---------------|----------------|

Parent/Guardian Information:

Mother's Name: _____ Cell Phone: _____

Mothers Email: _____

Mother's Employer: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Father's Email: _____

Father's Employer: _____ Work Phone: _____

Home Address: _____

Give name and phone number of TWO people to contact in case of Emergency (other than Mom & Dad)

1. _____ Phone Number: _____

2. _____ Phone Number: _____

List anyone who IS AUTHORIZED to pick up your child(ren):

1. _____ Phone Number: _____

2. _____ Phone Number: _____

List anyone who IS NOT AUTHORIZED to pick up your child(ren):

1. _____ Phone Number: _____

2. _____ Phone Number: _____

Emergency/Medical/Insurance Information: (this MUST be completed)

Child(ren)'s Physician: _____ Phone number: _____

Insurance Company: _____ Policy # _____

Preferred Hospital: _____ Phone number: _____

List any medical conditions or allergies that we should know about:

I hereby give my child(ren) herein described permission to engage in all activities and field trips except as noted by me. If emergency medical care is necessary and I cannot be contacted, I authorize the staff to act on my behalf in granting permission for my child(ren) to receive emergency medical treatment. I release the staff at St. Athanasius Parish and School of any liability over and above its insurance limits.

Signature: _____ Date: _____