**A.S.K. (After School Kids Care)**

**Registration Form for 2020-2021 School Year**

* $25 Registration Fee payable to St. Joseph’s School must accompany this form. *Registration must be paid prior to using services.*
* School Emergency Contact Form: A copy of this school form will be given to the director to be used in the event of emergencies. *School Office must have this form on file prior to using services.*
* Below is a schedule to be completed. If you plan to change from that schedule, please inform the staff a minimum of 48 hours in advance as this may require staffing changes. We will do our best to honor your request.
* Rate is $5/hour for first child; $4/hour additional siblings.
* **Invoices will be e-mailed by no later than the Wednesday following the week of services, and payment must be received in the school office by that same Friday or the last school day of that week**. **If payment is late, a $10.00 charge will be incurred on your next invoice. The only exception to this is if your child is absent on the date your payment is due.**

Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Invoices will be emailed to this one address**)

Please fill out typical days and times your child(ren) will be attending:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Student’s Name | Grade | Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Persons authorized to pick up your child other than custodial parent: *(Photo ID must be presented to pick up child).* If not listed below a written note is required.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to family\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to family\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to family\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) Signature Date