



St. Cecilia Aftercare Registration Form 2024-2025

There is a \$25 per CHILD non-refundable registration fee due at the time of registration. Forms will **only** be accepted with the fee and all outstanding balances paid in full.

Please complete a separate two-sided form for each child and return to the school Office or Early Childhood Learning Center. Please contact Kim Murphy at kmurphy@stcindependence.org or 859-363-2304 with any questions.

Child's Name: _____ Age: _____ Grade: _____

Date of Birth: _____ Gender: _____

Allergies or Medical Needs:

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email Address: _____ Email Address: _____

Employer's Name: _____ Employer's Name: _____

Work Phone: _____ Work Phone: _____

Emergency Contact Person: _____ Phone Number: _____
(Other than listed above)

Child's Doctor: _____ Phone Number: _____

In your absence, do we have permission to seek medical care for your child including sending your child to the hospital should that be necessary? **YES NO** If yes, which hospital? _____

Please tell us what will your children's schedule look like?	Hours needed (ex. 2:30-5:00pm)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Anything else we should know about your child's schedule?	

Emergency Contacts

If a parent cannot be reached, the emergency contact (front of this form) and those listed below will be used to pick your child up from school and/or contact for an illness, emergency, or early dismissal.

Please note that we cannot release your child to anyone that is not listed on this emergency contact list. Please indicate below all who are allowed to pick up your child.

Name: _____ Phone: _____ Phone: _____

Name: _____ Phone: _____ Phone: _____

Name: _____ Phone: _____ Phone: _____

Name: _____ Phone: _____ Phone: _____

Name: _____ Phone: _____ Phone: _____

Please acknowledge your understanding of the following by initialing on the line:

_____ I understand that families with any outstanding balances from previous school years will not be considered for our program. Please contact Kim Murphy at kmurphy@stcindependence.org if you are in need of setting up a payment plan.

_____ I understand that the fee for aftercare at St. Cecilia School is \$3.00 per 30 minutes of care.

_____ I understand that my child will be dismissed from the program if I fail to make regular payments.

I, as legal parent/guardian, hereby state that the information contained on this form is accurate to the best of my knowledge. I authorize St. Cecilia Early Childhood Learning Center to share pertinent medical information with school staff, volunteers or emergency personnel and to seek medical care/assistance for my child in an emergency.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Legal Guardian's Signature: _____ Date: _____