

St. Augustine School
Faith + Family + Future

After School Care Program Registration
Form Must Be Filled Out **BEFORE** a child can participate in
the After School Care Program.

Child's name _____ Grade _____

Parent's name _____

Address _____

Telephone numbers:

Work: _____ HOME: _____ Cell Phone: _____

Days needed (Please check)

Expected Pick-Up Time

5-day program _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Known allergies _____ My child is **NOT** to eat _____

The following person(s) are authorized to pick up my child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

All authorized persons must provide copies of their driver's license or other valid photo I.D. in advance. These copies will be kept on file at the school and will be used to verify the identity of any person (other than parent) attempting to pick up

a student from the After-Care Program. All authorized persons must be prepared to show proper identification when picking up a child.

Other persons to contact if my child needs to be picked up early due to illness or other emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

In case of an emergency, you may designate someone other than an authorized person to pick up your child by calling the school and giving the name of the designated person and using the code word provided below. This should be a word known only to the school staff and yourself.

Code word: _____

The designated person picking up your child must also be prepared to show proper identification at the time of pickup.

I UNDERSTAND THAT MY CHILD MUST BE PICKED BY 6:00 P.M. If I am late, I will pay \$5.00 when the child is picked up that day. Any child who is repeatedly picked up after 6:00 P.M. will be asked to leave the After School Care Program.

Parent/Guardian Signature

Date