



St. Alphonsus Parish School Before and After School Care Registration Form

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Allergies _____

Restricted Activities _____

Parent/Guardian Phone _____

Other adults authorized to pick up my child(ren)

1. _____

2. _____

I plan to have my child(ren) attend Extended Care: *(please circle all that apply)*

Mornings

Monday Tuesday Wednesday Thursday Friday

Afternoons

Monday Tuesday Wednesday Thursday Friday

Drop-in

I understand that Extended Care closes at 6:00 pm. If my child is there after that time I will be charged \$1.00 per minute.

Please complete this form and include the \$25 registration fee and turn these into the school office.
(Please make your registration check payable to St. Alphonsus Parish School.)

Parent/Guardian Signature