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Visit us at www.stjohnskenmore.com

St. John the Baptist After-School Care Program Registration Form

(One form required per child - \$10.00 fee per child)

Today's Date: _____

Child's Name: _____

Child's Grade: _____ Last Room: _____ Age: _____ First Home Phone # _____

House Number/Street Address: _____

City: _____ State: _____ Zip: _____

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

Work # _____ Cell# _____ Work # _____ Cell# _____

Emergency Contact Name & # (Other than Parent):

_____ Phone # _____ Relationship _____

List **ALL** person(s) able to pick up child/children (Put Primary Person First):

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Please list any Allergies or Special Information: _____

Please Check Days Attending:

_____ Weekly Basis (Monday – Friday)

_____ Daily Basis _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

_____ As Need Basis *I will inform the school by written note or phone call by 1:00 p.m. the day before and payment will be due at the time service is rendered.

PAYMENT AGREEMENT

Payment will be made on **MONDAY** of the service week **for ALL the days** the After School Care Program will be used. **A \$5.00 Late Payment Fee will be assessed each week accounts are not up to date or are not paid on the first school day of the week.**

Child/Children pick-up must occur by **5:50 p.m.** A **\$5.00**/five minutes late charge will be assessed for late pick-ups.

PARENT SIGNATURE: _____

****OFFICE USE ONLY****

Registration Fee Paid \$ _____ check # _____ cash _____ initials _____