

St. Charles After School Care Program 2024-2025 Registration Form

Location: Parish Hall - St. Charles

Annual Registration Fee: \$25 per family - must accompany this registration form (non-refundable)

Rates: (3K-6th Grade) *A 15% discount will apply for the 2nd, 3rd, and 4th child from the same family.

• After School 3:25pm-5:30pm \$13 per child/day

• Full Week (5 days): Weekly max \$60 per child/week

Name:				
	Last	Firs	t(father)	First(mother)
Address:				
	Street	City	State	Zip
Home Ph	ione:			
Father W	'ork:		Mother Work:	
Father Ce	ell:		Mother Cell:	
Father Er	mail:		Mother Email:	

Children to be involved in the program:

Name	Age	Grade

Schedule: Indicate your typical pick-up time for each day of attendance (4:00pm, 4-4:30pm, 4:30-5pm, 5-5:30pm). ***Please note that this will be your set schedule for each week moving forward.**

Monday	Tuesday	Wednesday	Thursday	Friday

Who is authorized to pick up your child(ren) besides you?

Name	Relationship to your child(ren)

Does your child(ren) have any special health needs/allergies?

Is there anything we need to know about your child(ren)?

Emergency Contacts:

Name	Relationship	Phone