St. Paul After School Care Enrollment 2010 – 2011

_____ _____ _____
Child's Name **Date of Birth** **Grade**

_____ _____
Parent/Guardian **Parent/Guardian**

_____ _____
Address **Address**

_____ _____
City/State/Zip **City/State/Zip**

_____ _____ _____ _____
Home Phone **Work Phone** **Home Phone** **Work Phone**

_____ ☐ **Child Lives with** _____ ☐ **Child lives with**
Cell Phone **Cell Phone**

Are there any issues regarding custody that we need to be aware of? (If yes, please explain) _____

_____

Please list any health concerns that the After School staff should be aware of: _____

_____

List names of persons other than parents that are authorized to pick up your child:

Name	Phone #	Address	Relationship

Emergency Contact: (This person will be contacted only if either parent is unable to be reached)

Name	Phone #	Address	Relationship

Email address to send calendars, invoices and information to: _____

☐ **I would prefer to receive paper copies**

I understand I will be billed by St. Paul's After School Care based on the calendars I submit on a monthly basis indicating the days and times my child(ren) will be in attendance. I also understand that I am responsible for paying the invoice in full by the 1st of each month.

_____ _____
Signature **Date**

Contact Susan Davies at 262-443-0870 or stpaulsafterschool@yahoo.com with questions.