

St. Paul Before and After School Care Enrollment 2017-2018

_____ 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
_____ Cell Phone	<input type="checkbox"/> Child Lives with	_____ Cell Phone	<input type="checkbox"/> Child lives with

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 Before & 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. I understand that the below are the current fees for the 2017-2018 school year:

- 1st child \$6.00 per hour/\$4.00 per 1/2 hour
- 2nd child \$5.00 per hour/\$4.00 per 1/2 hour
- 3 or more children/\$12.00 per hour/ \$6.00 per 1/2 hour
- Rates are billed in 30 min. increments with the exception of Drop In Care which is \$9per hour.
- There is a \$20 **annual** registration fee per child or \$35 per family.

Signature

Date

