

**MARY, QUEEN OF THE HOLY ROSARY SCHOOL  
AFTERSCHOOL CARE PROGRAM  
REGISTRATION FORM**

**Student(s)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_ Homeroom \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_ Homeroom \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_ Homeroom \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_ Homeroom \_\_\_\_\_

**Parent(s)/Guardian(s)**

Mother/Guardian \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Place of Employment \_\_\_\_\_

Father/Guardian \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Place of Employment \_\_\_\_\_

If you cannot be reached, whom do we call? *(Please give phone number and relationship to student.)*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

In case of an accident or serious illness, I request the school contact me. If the school is unable to reach a parent/guardian or either of the two persons listed above, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make any arrangements necessary.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**ALLERGIES/SPECIAL HEALTH INFORMATION**

Please indicate if your child takes medication on a regular basis, the type of medication, and the reason for the medication.

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**Additional information on back.**

**PICK-UP**

The following persons are authorized to pick up my child(ren) from school unless otherwise notified:

Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**If another adult is to pick up my child(ren) who is not listed above, I will provide the name and information about that person. I understand that my child(ren) may not be released unless the school office has written or verbal notification confirming who will pick up my child(ren). (Please sign and date below.)**

My child(ren) may NOT be released to the following persons unless directed by Order of the Court or at my directive:

Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Day(s) Needing Care**

The following chart is for all students. Prices reflected are per month.

Number of Days/Week	Days	One Child	Two Children	Three Children	Four Children
5	N/A	\$198.00	\$324.00	\$432.00	\$504.00
4	M T W T F	\$166.00	\$274.00	\$367.00	\$432.00
3	M T W T F	\$124.00	\$205.00	\$275.00	\$324.00
2	M T W T F	\$90.00	\$151.00	\$194.00	\$230.00
1	M T W T F	\$45.00	\$76.00	\$97.00	\$115.00

**Payment for the first month is due at time of enrollment**

**Payments and Late Charges:**

1. Afterschool Care rates are paid monthly, and due by the first business day of the month. Payment not received, in-full, by the 10<sup>th</sup> of the month will incur a late fee of \$25.
2. Afterschool Care payments are to be paid through FACTS.
3. Drop-in charges of \$15 per child/per day and are incurred for the use on days your child is not enrolled. Drop-in rates will be billed at the end of each month.
4. Fees are based on enrollment, not attendance. Charges will be incurred according to the predetermined number of days your child is committed to attend. NO adjustments will be made for absences due to illness, vacation or emergency closings.
5. A maximum number of children are permitted, due to state laws, in the afterschool program at Mary Queen of the Holy Rosary. We do not anticipate exceeding this number, but should it arise, priority will be given to enrolled participants and on a first-come, first-serve basis.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_