

2024 - 2025 Before/Aftercare Registration Form.

The Before/Aftercare Program will begin on Wednesday, September 4, 2024. Please fill out the registration form if your child will be attending Before / Aftercare on a weekly basis.

Registration forms must be sent in to the school office prior to your child attending the program.

Students Enrolled in Aftercare

Once you have enrolled in the program, you will only need to provide a note to your child's teacher and aftercare staff if your child **will not** be attending aftercare on their scheduled day.

Please use the Aftercare note provided in the aftercare link.

Students Attending Occasionally

Those parents utilizing the aftercare program **occasionally**, must send in a note **only** on the day your child will be attending the program. **Please use the Aftercare note provided in the aftercare link.**

Do not fill out a registration form for Before and Aftercare.

Before/Aftercare Fee

There is a **\$5.00 flat rate fee** **(NOT PRO-RATED)** per hour per child **for both Before and Aftercare.** A payment notice will be sent home with your child on Thursdays for the previous week's attendance. Payments must be received by the following Tuesday. **Repeated failure to pay by the due date will result in the suspension of utilizing the program.** In the event your child does not bring home their payment notice, please contact Mrs. Tobia at jtobia@stdomschool.org

Please circle the days your child will be attending.

Before Care - PreK 4 – 8th Grade (6:45 AM – student bell)

Monday Tuesday Wednesday Thursday Friday

After Care- PreK 4 – 8th Grade (dismissal - 6:00 PM)

Monday Tuesday Wednesday Thursday Friday

Family Information

Family's Last Name _____

Student's First Name _____ Homeroom _____

Student's First Name _____ Homeroom _____

Student's First Name _____ Homeroom _____

Student's First Name _____ Homeroom _____

Mother's Last Name _____ First _____

Home Phone # _____ Cell # _____ Work # _____

Email Address _____

Father's Last Name _____ First _____

Home Phone # _____ Cell # _____ Work # _____

Email Address _____

Release Information

Please list three (3) additional adults (over 18) authorized to pick up your child/children from the program. In an emergency, we will always try to contact the parents listed on the page first. If we cannot reach the child's parents, the individuals below will be called in the order listed.

1. Name _____ Phone# _____

2. Name _____ Phone# _____

3. Name _____ Phone# _____

A nurse will not be available during the before and after school program. Medication may not be given by staff, including inhalers.

Does your child have any medical conditions? Describe _____

Does your child have any food/medical allergies? Describe _____

Authorizations

I understand that my/our signatures represent that I/we agree to abide by the policies and procedures in the St Dominic School 2024 – 2025 Parent Handbook and accept financial responsibility for services rendered. We agree to inform the After Care Staff in writing of any changes in the information we have provided on this registration form and any changes to our child's schedule.

Signature of Parent / Guardian _____ Date _____

Print name of Parent / Guardian _____

Signature of Parent / Guardian _____ Date _____

Print name of Parent / Guardian _____