

# ST MARY'S GRADE SCHOOL

## BEFORE AND AFTER SCHOOL CARE PROGRAM

### REGISTRATION FORM

108 McHenry Street  
Burlington, WI 53105  
(262) 763-1501 [bporcaro@stmb.org](mailto:bporcaro@stmb.org)

Date: \_\_\_\_\_

(please print)

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Family Email: \_\_\_\_\_ email invoices? \_\_\_\_\_

Grade enrolled in 2013-2014 \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

#### Employer Information:

Mother's Employer \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Father's Employer \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Emergency Names & Contact Phone Numbers: \_\_\_\_\_

I authorize \_\_\_\_\_ to pick my child up from the After School Care Program. Identification may be required from the authorized person. If someone other than the person/people indicated above or the parent is picking up the child, we will need a signed note from the parent before we will release any child.

Please indicate which option(s) you will be using: \*DISCOUNT GIVEN AFTER 1<sup>ST</sup> CHILD\*

\_\_\_ Before School: 6:30 am to 7:50 am \$4.50 per morning

\_\_\_ After School: 3:00 pm to 5:00 pm \$4.50 per scheduled hour /\$5.00 unscheduled hour  
(circle) M T W TH F Pick up time: \_\_\_\_\_ OR Monthly Schedule will be provided

Families will be charged at the end of the month for mornings in Before School Care. After School Care is charged per above information or schedule for the upcoming month and any extra time your child was here the previous month. Statements will be handed to the student or by email as indicated.

\*\*Every child is to have a schedule. This is not intended for "drop in" care. If your child does not come on the designated days scheduled, we will consider this as being absent. There is no credit for absences. Please report any absences, including after school activities via phone or email.\*\*

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**ST. MARY'S BEFORE & AFTER SCHOOL PROGRAM  
HEALTH HISTORY AND EMERGENCY CARE PLAN**

1. Food allergies - Specify food(s)

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2. Non-Food allergies - Specify

- Asthma
- Bee Stings
- Diabetes
- Emotional/behavior disorder including ADD or ADHD

3. Other condition(s) requiring special care -Specify

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4. Triggers that may cause problems - Specify.

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5. Signs or symptoms to watch for - Specify.

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If daily medication is needed please see your child's teacher. We have a **MEDICAL RELEASE FORM** that will need to be filled out.

In case of accident or serious illness, I request that the program contact me. If you are unable to reach me, I hereby authorize the program to call the physician indicated below and follow his/her instructions. If it is impossible to contact this physician, the program may make whatever arrangements deem necessary.

**PHYSICIAN** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**SIGNATURE - Parent or Guardian**

\_\_\_\_\_ **Date**

REGISTRATION FEE BY 6/1/13: \$10/CHILD \$15/FAMILY \_\_Cash\_\_ Check# \_\_\_\_\_  
AFTER 6/1/13: \$15/CHILD \$20/FAMILY \_\_CASH\_\_ CHECK# \_\_\_\_\_

**Please fill out a separate form per child. (Photocopies are accepted)  
RETURN COMPLETED FORM & REGISTRATION PAYMENT  
TO THE GRADE SCHOOL ATT: Before & After School Care Program**