Father/Guardian Information:

Last Name _____ First Name _____ Middle Name _____

Address: _____
Street _____ City, State _____ Zip Code _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Employer: _____ Occupation: _____

Anticipated Usage

	Monday	Tuesday	Wednesday	Thursday	Friday
2:30-3:00					
3:00-3:30					
3:30-4:00					
4:00-4:30					
4:30-5:00					
5:00-5:30					

Authorized Pick-up

For safety purposes, only the adults listed below and the Father/Guardian and Mother/Guardian may pick up your child from GAP. If there are changes to this information, please notify the GAP Director. Only a signed piece of paper indicating another adult is allowed to pick up your child will be accepted.

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

I agree to abide by all the rules of the GAP After School Care Program. I understand that the GAP fees are separate from my tuition and that as a registered parent of Saint Matthew School, I may have my child take advantage of the GAP After School Care Program as long as this paperwork is completed and returned to the GAP Director.

Parent/Guardian: _____

Signature: _____ **Date:** _____

Saint Matthew School guides students' hearts, minds and souls to live as Jesus did. As an Immaculate Heart of Mary School, each person is called to a life of prayer, love and service, courtesy and hospitality, academics. In Saint Matthew School, Jesus is the center and Mary, the Model.