

**Preschool Aftercare Application Form  
2016-2017**



**Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Parent  
/Guardian** \_\_\_\_\_

**Phone numbers where you may be reached during the hours of 2:15-5:30 p.m.:**

**Mother/  
Guardian** \_\_\_\_\_ **Father/  
Guardian** \_\_\_\_\_

**Work#** \_\_\_\_\_ **Work#** \_\_\_\_\_

**Cell#** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Email** \_\_\_\_\_ **Email** \_\_\_\_\_

**Who may pick up your child?** \_\_\_\_\_

**Does your child have any allergies?** \_\_\_\_\_

**Days child will attend After Care Program** \_\_\_\_\_

**What time do you expect to pick up your child in the afternoon?** \_\_\_\_\_

**Application Fee: \$30**

**Please make your registration check payable to Good Shepherd School. Weekly aftercare fee payments are automatically deducted from your account on the last business day of each month through Facts Tuition Management Company.**