

Saint Thomas More "Kids Time" After-School Program Registration Form

Yes, I would like to enroll my child (ren) in the after-school program at St. Thomas More School. I have read the rules of the program and understand that if I or my child do not follow them, my child will be excused from the program. Furthermore, I agree to pay for any damages caused by my child during the course of this program.

Parent/Guardian Signature Date

Please Print:
Parent's/Guardian's Name(s) _____

Mailing Address _____

Home Phone _____ Mother's work _____ Father's work _____

Pager/Cell # _____ Pager/Cell # _____

Authorized Persons to Pick-up your child (ren):

#1 Name _____ Relationship _____ Phone _____

#2 Name _____ Relationship _____ Phone _____

#3 Name _____ Relationship _____ Phone _____

Emergency Contact/s:

#1 Name _____ Relationship _____ Phone _____

#2 Name _____ Relationship _____ Phone _____

Indicate your most frequent used billing rate:

____ Drop-in ____ Weekly ____ Monthly

Please fill in the information below for each child that you are enrolling in our program:
"Days" refers to the days that your child is scheduled to attend our program. If your schedule constantly changes, write "vary" on this line. "Time" refers to the time you plan to pick up your child from the program. If this time will change, write "vary" on this line. If your days and times vary; explain how you plan to use our service on the back of this form.

Child's Name	Days	Time	Age	Grade	Teacher

For Office Use Only: Date Received _____ Supply Fee Paid _____