

# SOUTHERN TIER CATHOLIC SCHOOL

After School Care  
Child Information Form

## *Hours of Operation:*

***Monday through Friday: 3:10 p.m. – 5:30 p.m.***

Cost per Day: \$8.00 per child

Cost per Month\*: \$110.00 per child

Please complete the form below. Each child in the family who might use aftercare should be listed.

My child/children will attend Aftercare: \_\_\_\_\_ Everyday \_\_\_\_\_ Certain Days \_\_\_\_\_ As needed

If you choose certain days please list the days you will be using aftercare: \_\_\_\_\_

Family address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### Children:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Please indicate whether or not you give permission for your child/children to walk with the After Care staff to civic or program functions within the school neighborhood during the 2019-2020 academic school year.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any conditions that should be brought to the attention of the staff, i.e. allergies, seizures, special needs?

\_\_\_\_\_  
\_\_\_\_\_

Please include information or concerns you would like the staff to know about your child:

\_\_\_\_\_  
In case of emergency: Please list, in the order you prefer, person(s) and phone #'s, you wish to be contacted – this may also include parents.

1. Name \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

2. Name \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

3. Name \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian (please print name)