



**Academic Excellence † Leadership † Faith Development**

**BEFORE AND/OR AFTER-SCHOOL CHILDCARE PROGRAM**

**REGISTRATION FORM**

**FAMILY NAME**

**DATE** \_\_\_\_\_

Name(s) of Children Attending	Age	Grade	List any Medical Conditions, Allergies, Dietary Info. and Physician Name & Phone Contact of Physician

Parent/Guardian's Name(s)	Address & E-mail Contact	Contact Phone
		Cell: Home: Work:
		Cell: Home: Work:

**Authorized Pick-up Person(s)/EMERGENCY Contact(s):**

*(Please note that in the event of an emergency and we cannot reach parents, then Emergency Contact(s) will be called to pick up your child)*

Name of Authorized Pick-up Individual	Relation to Child(ren)	Contact Phone
1.		Cell: Home: Work:
2.		Cell: Home: Work:

**Please check the days and times  
your child will be participating...**

- ☐ Monday    ☐ Tuesday    ☐ Wednesday    ☐ Thursday    ☐ Friday  
☐ 7:00 a.m. - Start of school day  
☐ 3:00 p.m.—4:00 p.m. After-school care  
☐ 3:00 p.m.—5:30 p.m. Extended After-school care

*\$35.00 Registration Fee per child or \$60.00 Family Rate  
\$25.00 Snack Fee per child*

**Please return this form and fees to:**  
**Saint George School**  
**1612 Bryant Street**  
**Erie, PA 16509**

**Parent/Guardian Signature:** \_\_\_\_\_

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

**FOR OFFICE USE:**

**Date Paid:** \_\_\_\_\_ **Amount Paid:** \_\_\_\_\_ **Check #:** \_\_\_\_\_ **Staff Initials:** \_\_\_\_\_