



**Before and After School Care Registration Form**  
**7:00-8:20 AM and 3:40-6:00 PM**

School Year \_\_\_\_\_ Registration Fee Due (\$10 per student) \$ \_\_\_\_\_

Family Name \_\_\_\_\_

Child(ren)'s Name(s) \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Telephone# Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

**Please select the program to enroll your child:**

*Full time- 4 days or more a week and Part time- 3 days or less per week.*

<b>Full Time</b> <b>AM Only</b> <b>\$38.00 per child/week</b>	<b>Full Time</b> <b>PM Only</b> <b>\$63.00 per child/week</b>	<b>Full Time</b> <b>AM and PM</b> <b>\$100 per child/week</b>
<b>Part Time</b> <b>AM Only</b> <b>\$23.00 per child/week</b>	<b>Part Time</b> <b>PM Only</b> <b>\$38.00 per child/week</b>	<b>Part Time</b> <b>AM and PM</b> <b>\$60 per child/week</b>

Please list the names of the persons who are authorized to pick up your child(ren) from ASC. We will ONLY release your child to these people.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\* Registration fee and weekly fee may be paid through WeShare at <https://stjb.weshareonline.org/> or by check.\*\*