



Before and After School Care Registration Form

7:00-8:20 AM and 3:30-6:00 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 circle the program to enroll your child:

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

****Payment is required each week, unless school is not in session due to a scheduled break.****

A snack will be provided in the afternoon.

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

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.****