

# STA PARISH SCHOOL

## BEFORE AND AFTER CARE PROGRAM REGISTRATION

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Full Name of Mother: \_\_\_\_\_

Full Name of Father: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**PLEASE CIRCLE THE DAYS YOU NEED CARE:**

**Before School (\$5/day) 7:00 am – 8:00 am**                    

**After School (\$12/day) 3:00 pm – 6:00 pm**                    

Rate for 2<sup>nd</sup> child = \$10/day, 3<sup>rd</sup> child = \$8/day

**One-Hour After Care (\$5/day)**                    

**A \$1.00 DROP-IN FEE will be charged to each student on each drop-in occasion for those families not committing to a regular schedule.**

**\*\*FOR PRESCHOOLERS ONLY: PEEPS (\$18/day) 11 am – 3 pm**                    

**A \$35 per family per year equipment and registration fee is due upon registering.**

**This also applies to families using the program on a drop-in basis.**

**I will make monthly payments via (check one) \_\_\_\_\_ check \_\_\_\_\_ ACH**

In return for services rendered on the above weekly schedule, I as a parent of \_\_\_\_\_, agree to childcare payments according to the procedure, policies, and conditions set forth in the STA Parish School Before and After Agreement Statement. I have read the guidelines, understand them, and agree to abide by all the policies, procedures, and conditions outlined.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

**\*\* All daycare paperwork must be completed for students to use the program on a drop-in basis.**

**OFFICE USE ONLY:**

Date received: \_\_\_\_\_ Reg/Equpt Fee: \$ \_\_\_\_\_ Ck/Cash: \_\_\_\_\_ AgrmtSigned: \_\_\_\_\_ To Prnt \_\_\_\_\_