

St. Margaret of Antioch's Morning or After Care Program Registration Form 2017-18

Please Print

School Attending	St. Margaret of Antioch		
Child's Name	Last:	First:	
Child's Address			
City/State/Zip			
Date of Birth	(month/day)		
Gender	M	F	
Grade			
Teacher			
Program Attending	Morning Care	(circle if attending)	
Days Attending	M T W Th F		
Fees	\$8		

Program Attending	After Care	(circle if attending)	
Days Attending	M T W Th F		
Special Needs	Yes No	<i>If Yes, what?</i>	
Fees	\$10/Hr	(starting at 3pm or 11am depending)	

Parent/Guardian:	Relationship:
Phone:	Email:
Parent/Guardian:	Relationship:
Phone:	Email:

Sign –Out Information

Safety is priority for the St. Margaret After Care Program; therefore, no child enrolled in the ACP will be released from the program without a parent/guardian signature or that of one of the three individuals below. (Note: The names below must be of someone 18 years or older and must have a valid ID on their person if need for reference when picking up the child.)

Parent/Guardian:	Phone:	Relationship
Parent/Guardian:	Phone:	Relationship

Parent/Guardian Signature: _____ Date: _____

Payment for the MCP & ACP is made via SMART Tuition. Dates attended will be calculated and sent to main office monthly to be added to SMART.

SITE COORDINATOR USE ONLY

Date application was received ___/___/___ Program: MC AC First day of enrollment ___/___/___

Note: _____

Initialed & Dated by Coordinator

