



Aftercare Registration Form 2021-2022

PASSWORD: _____

Name of Child: _____ First Date of Attendance: _____

Address: _____ Birth Date: _____

Gender: _____ Grade: _____ Special Needs: _____

List of Known Allergies: _____

Name of Child (2): _____ First Date of Attendance: _____

Address: _____ Birth Date: _____

Gender: _____ Grade: _____ Special Needs: _____

List of Known Allergies: _____

Name of Child (3): _____ First Date of Attendance: _____

Address: _____ Birth Date: _____

Gender: _____ Grade: _____ Special Needs: _____

List of Known Allergies: _____

Name of Child (4): _____ First Date of Attendance: _____

Address: _____ Birth Date: _____

Gender: _____ Grade: _____ Special Needs: _____

List of Known Allergies: _____

Mother /Guardian Name: _____ E-mail: _____

Home Address: _____

Cell Phone: _____ Work Phone: _____

Father / Guardian Name: _____ E-mail: _____

Home Address: _____

Cell Phone: _____ Work Phone: _____

CHILD'S PHYSICIAN INFORMATION

Doctor's Name: _____ E-mail: _____

Address: _____ Phone: _____

May facility consult the above physician if parent/guardian cannot be reached? NO

Mission Statement

Saint Jerome Catholic School is a Eucharistic family that empowers students to grow in knowledge, love, and respect. Inspired by the Gospel, we engage our parish and school community in joyful service.



Other persons to be notified in case of illness or accident

Name: _____ Relationship to student: _____

E-mail: _____ Cell Phone: _____

Name: _____ Relationship to student: _____

E-mail: _____ Cell Phone: _____

Name: _____ Relationship to student: _____

E-mail: _____ Cell Phone: _____

Person(s) permitted to pick up child:

Mother: _____ Father: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Payment Information: *Payments may be made in person or online*

Registration Fee: \$50 per child Payment Method: Credit Card _____ Cash _____ Check _____

Please make checks payable to: **St. Jerome Catholic School, in the memo area include Aftercare**

Monthly Fee: 1 Child: \$180 <input type="checkbox"/>	2 Children: \$280. <input type="checkbox"/>	3 Children \$350. <input type="checkbox"/>
Weekly Fee: 1 Child: \$60. <input type="checkbox"/>	2 Children: \$85. <input type="checkbox"/>	3 Children: \$110. <input type="checkbox"/>
Daily Fee: 1 Child: \$20. <input type="checkbox"/>	2 Children: \$35. <input type="checkbox"/>	3 Children: \$45. <input type="checkbox"/>

Late pick up and aftercare policies:

Any student that is not picked up by 3:00pm will be sent to aftercare. If the student is picked up between 3:00 - 3:15pm the family will be charged a \$5.00 fee. If a parent arrives after 3:15 pm the family will be charged a daily aftercare charge of \$20.00 for the day.

Any student that is not picked up from aftercare by 6:00pm will be charged an additional \$20.00 fee.

***The payments will be withdrawn from your FACTS count, <https://online.factsmgmt.com/signin/3GBT1>
Please make sure you accept incidental aftercare charges to be processed on the 15th of each month.***

Date of Aftercare Enrollment: _____

Print Name of Person Enrolling Child

Signature of Person Enrolling

Date

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