

St. Margaret of Antioch School

Morning & After Care Program Registration Form

Directions: Please Print and circle what is applicable.

Child's Name	Last:	First:
Grade		
Health Conditions	YES	NO
Program Attending	Morning Care	After Care
Days Attending	M T W Th F (circle days attending)	M T W Th F (circle days attending)
Fees	\$12/HR; \$6 for each additional sibling	

Parent/Guardian:	
Emergency Phone:	Email:
Parent/Guardian:	
Emergency Phone:	Email:

Sign-out Information

Safety is priority for the SMS Morning & After Care Program; therefore, no child enrolled in the program will be released from the program without a parent/guardian signature or that of one of the two individuals below.

(Note: The names below must be of someone 18 years or older who holds a valid ID on their person if need for reference.)

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

Parent/Guardian Signature: _____ **Date:** _____

- Payment for care services is made via SMART Tuition./Blackbaud. Dates attended will be calculated and sent to SMART.
- **Statement periods are the 20th – the 19th of the following month (ex: April 20th – May 19th)**
- NOTE that all fees that fall after the May billing/statement will be collected daily via a cash or check to St. Margaret School. Please see Morning/Aftercare Program information on website.

SITE COORDINATOR USE ONLY

Date application received: ____/____/____ **Program:** MC AC **First day of enrollment:** ____/____/____

Notes: _____

Initialed & Dated by Coordinator

