

St. Margaret of Antioch School's Morning & After Care Program Registration Form

PLEASE PRINT

Child's Name	Last:	First:
Grade/Teacher		
Health Conditions <i>(circle)</i>	YES	NO
Program Attending <i>(circle need)</i>	Morning Care	After Care
Days Attending	M T W Th F (Circle days attending)	M T W Th F (Circle days attending)
Fees	\$12/child; \$6 per each additional sibling (see <i>RATES</i> in guidance)	

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

Sign –Out Information

Safety is priority for the SMS 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 needed for reference when picking up the child.)

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

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

- Payment for care services is made via Blackbaud Tuition
 - See Morning & After Care Guidance for rates and billing details.
 - Please be prepared to pay fees for April 20th – May 19th on May 20th via check made payable to St. Margaret School and May 20th through the last day of program and/or use of program.

SITE COORDINATOR USE ONLY

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

Note: _____

Initialed & Dated by Coordinator



To Serve, Not to Be Served.