



2025-2026 After School Registration

Please complete registration form entirely and sign before turning it in. Please complete one form for each child.
A \$10 after school registration fee will be charged to your FACTS account after your child's 1st after school stay.

Cost: Full Time: 1 child - \$50 per week, 2 children - \$80 per week, 3 or more children - \$110 per week

Part Time Care and Emergency Care will be \$12 per day

CHECK ONE: Full time (5 days/wk) _____ Part time (1-4 days/wk) _____ As Needed/Emergency Care _____

Child Information: Please Print and complete entire form

Child's Last Name		Middle	First	Nickname
Date of Birth (Month/Day/Year)	Age	Grade	Phone	Male _____ Female _____
Home Address			City/State/Zip	
Parent/Guardian		Place of Employment	Work Number ()	Cell Number ()
Parent/Guardian		Place of Employment	Work Number ()	Cell Number ()

Child Release Authorization/Emergency Contacts

Persons AUTHORIZED to Pick up Your Child:		
Name	Relationship to Child	Hm/Wk/Cell Numbers
Name	Relationship to Child	Hm/Wk/Cell Numbers
Name	Relationship to Child	Hm/Wk/Cell Numbers

Persons NOT Authorized to Pick Up Your Child

Name
Name

Health Information

Name of Child's Physician	Physician Phone Number
Please list any allergies or medical conditions your child has:	
Please list any medications your child is currently taking and for what condition:	

Parental Consents

<p>Parent/Guardian Agreement: The child herein described has my permission to engage in all activities. I understand that my child is expected to adhere to the policies of the St. John School Parent/Student Handbook while in aftercare. In the event I cannot be reached in an emergency, I hereby give permission to the director of the program to secure emergency medical services including transportation and a physician. I also give permission to the attending physician to order injection, anesthesia, or surgery for my child, as named above. In the event of a life or death emergency, the St. John After School program does not carry medical insurance on it's students. Please provide a copy of your insurance card, to accompany this registration form.</p> <p>Signature of Parent or Guardian: _____</p> <p style="text-align: right;">Date _____</p>
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