

Saint Patrick After School Program
20 Pleasant Street
Stoneham, Ma. 02180
(Tel.) 781-438-2593 (Fax) 781-438-2543
Diane Monti, Director

After School Registration Form 20192020

After School Program is open, Monday through Friday from the end of the school day until 6:00pm: closed on school holidays/vacations.

1. Student Information

Name: _____ **Birth Date:** _____
Teacher: _____ **Grade:** _____

Student's
Physician: _____ **Phone#** _____
Allergies & Medical conditions: _____
Medication: _____.

Names of siblings who will attend After
School: _____

2. Parent/Guardian Information

Name: _____

Address: _____

Email Address: _____

Home#: _____ **Work#:** _____ **Cell#** _____

3. Student Pickup information:

Name: _____

Phone: _____ **Relationship:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

4. Emergency Contact Information

List two people we may contact who know your child and can take full responsibility should you be unavailable:

Name: _____ **Home#:** _____
Cell#: _____

Name: _____ **Home#:** _____
Cell#: _____

5. Fees & Number of days needed

Families interested in enrolling their child/children in the program pay a nonrefundable registration fee of \$25 per child with a \$50 cap per family, and complete a registration form. These registration fees contribute to the purchasing of supplies and other items for running our program.

The After School Program is open from 3pm until 6pm Monday through Friday at a per child cost of \$25 per day; \$15 if picked up by 3:30pm. We are open on half days from 11:30am until 6:00pm at a per child cost of \$40 per day. If your child/children are picked up by 12:00pm on the half day the rate is \$15 per child. A \$20 late fee will be assessed per child for late pickup in 15 minute increments. If a family is consistently late in picking up their child/children they may not be allowed to participate in the After School Program.

Per our new policy as recommended by the Archdiocese of Boston at the conclusion of our recent audit, all fees will be collected through the FACTS Tuition Management System.

Program participation days:

Monday - Tuesday - Wednesday - Thursday - Friday (Please circle)

6. Parent/Guardian Consent for Photograph and Internet Use

I give my consent to Saint Patrick School to photograph my child and to use such pictures and/or stories in connection with any of their work without

consideration of any kind, and I do release Saint Patrick School from any claims whatsoever which may arise in said regards.

Yes _____ No _____

I give my consent to Saint Patrick School to take my child on walking field trips as dictated by the staff of the after school program.

Yes _____ No _____

7. Parent/Guardian Consent to Participate in the After School Program

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If it is impossible to contact the physician. The school may make whatever arrangements seem necessary.

I have read and understand the above. Parent/Guardian

Signature: _____ Date: _____

For office Use Only:

Non Refundable Reg. Fee Amt. \$25.00 per child \$50.00 max per family

Check# _____ Date: _____