

Thank you for your interest in the Saint Joseph After School Care program. It is available daily from 3:00 until 5:30. On the occasion when we have an early dismissal then we will offer After School Care from that dismissal time until 5:30. In order to help with record keeping, it is important the following information is available before your child(ren) attend After School Care.

Child or Children's Names	Gender	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Are there any food allergies we need to be aware of in planning After School Care snacks?

3. All fees are billed though FACTS.

Registration fee is \$30.00 per child (\$60 maximum per household).

Daily fees (regardless of how long child/ren attends that day)

One Child	\$14 per day
Two Children	\$18.00 per day
Three or More	\$22.00 per day

If you have any questions, please call the school office.

\_\_\_\_\_ Date \_\_\_\_\_

St. Joseph School  
After School Care Program  
216 N. Hill St.  
South Bend, IN 46617

## EMERGENCY INFORMATION

DATE \_\_\_\_\_ FAMILY NAME \_\_\_\_\_  
Students in the Program and Grade Level \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address – City – State – Zip

\_\_\_\_\_ Hm. Phone \_\_\_\_\_

WHERE TO REACH PARENTS IF NOT AT HOME:

Mother \_\_\_\_\_ Company \_\_\_\_\_ Phone \_\_\_\_\_

Father \_\_\_\_\_ Company \_\_\_\_\_ Phone \_\_\_\_\_

List two neighbors or nearby relatives who will assume care of your child if you cannot be reached.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

If a parent, neighbor, or relative cannot be reached, name the doctor the Program Supervisor may call.

Physician \_\_\_\_\_ Phone \_\_\_\_\_

If no one can be contacted, what would you like the Program Supervisor to do if your child is sick or injured? \_\_\_\_\_

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Although the above recommendations of the parent will be respected as much as possible, I understand that in the final disposition of an emergency case the judgment of the program authorities will prevail.

\_\_\_\_\_  
Parent or Guardian Signature

Allergies: \_\_\_\_\_

FOR YOUR CHILD'S SAFETY, PLEASE NOTIFY THE PROGRAM SUPERVISOR WHEN A CHANGE OF INFORMATION OCCURS.

ST. JOSEPH SCHOOL AFTER SCHOOL CARE PROGRAM

Release Form

\_\_\_\_\_ has/have my  
permission to pick up \_\_\_\_\_  
from the St. Joseph After School Care program.

\_\_\_\_\_  
Parent/Guardian Signature

This form should be given to the After School Care Program Director before the child/ren attends the first day. Changes must be made in writing and given to the Director.