

**St. John Neumann School
Before and after School Program
Registration Form 2017 - 2018**

Please list the name(s) of students(s) that will participate in the before/after care program:

Student Name _____ DOB _____ Grade _____
Student Name _____ DOB _____ Grade _____
Student Name _____ DOB _____ Grade _____
Mother's Name _____ Work phone _____ Cell _____
Father's Name _____ Work phone _____ Cell _____

I understand that if arrangements change, I will send written notification to the BASC Director.

Please indicate which day's care will be needed and the approximate time of drop off/pickup: Note: BASC will be billed in advance for all times committed to below. Any additional time used will be billed in the following month. Please sign up for times you actually plan on using as you will be billed for these. This helps us insure adequate staffing.

Before Care: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday
After Care: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday
_____ Morning arrival time _____ Evening pick up time

The following people are authorized to drop off/pick up my child(ren):

Name _____ Home Phone _____ Cell _____
Name _____ Home Phone _____ Cell _____
Name _____ Home Phone _____ Cell _____
Name _____ Home Phone _____ Cell _____

I have read, and agree to, the Enrollment and Payment Policy of the St. John Neumann Before and After School Care Program. I have also enclosed the nonrefundable \$40.00 registration fee. Please make registration check or Money Order payable to St. John Neumann School.

Parent /Guardian Signature

For Office Use Only: Registration fee information

Date paid _____ Amount _____ Cash _____ Check # _____