



# St. Cecilia Aftercare Registration Form 2020-2021

There is a \$25 per family non-refundable registration fee due at the time of registration. Forms will **only** be accepted with the fee and all outstanding balances paid in full.

Please complete a separate two-sided form for each child and return to the School Office or Early Learning Center.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Allergies or Medical Needs:

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Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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Emergency Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Other than listed above)

Child's Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

In your absence, do we have permission to seek medical care for your child including sending your child to the hospital should that be necessary? **YES NO** If yes, which hospital? \_\_\_\_\_

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Please tell us what will your children's schedule look like?	Hours needed (ex. 2:30-5:00pm)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Anything else we should know about your child's schedule?	

# Emergency Contacts

If a parent cannot be reached, the emergency contact (front of this form) and those listed below will be used to pick your child up from school and/or contact for an illness, emergency, or early dismissal.

Please note that we cannot release your child to anyone that is not listed on this emergency contact list. Please indicate below all who are allowed to pick up your child.

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

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

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

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

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

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I understand that families with any unpaid balance from the 2019-2020 school year will not be considered for our program. Please contact Kim Murphy at [kmurphy@stcindependence.org](mailto:kmurphy@stcindependence.org) if you are in need of setting up a payment plan.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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