



**ST. THERESA SCHOOL
EXTENDED CARE PROGRAMS**

REGISTRATION FORM

(The space available will be on a first come, first served basis.)

Plans offered—Please (✓) appropriate box:

Late Pick-up Care (Grades PK—8)

After School Care (Grades PK—8)

ONE FORM PER CHILD PLEASE

Student's Name: _____ **Grade:** _____

Is this child a sibling of another student enrolled in After Care: Yes No

Student address: _____

Home phone #: (_____) _____

Father: _____

Mother: _____

_____ **Work phone #**

_____ **Work phone #**

_____ **Cellular #**

_____ **Cellular #**

_____ **Additional Authorized Person to Pick Up**

_____ **Relationship**

_____ **Phone Number**

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_____ **Relationship**

_____ **Phone Number**

The student will not be released to anyone unauthorized without a written note signed by the parent.

I have read the above and understand all the conditions for belonging to the STS Extended Care Programs. I realize that my child/ren, if not picked up at or before the pick up time for their program listed above, (after 2 instances) will not be allowed to continue in Extended Care for the sake of safety and supervision.

Parent Name _____
(Please Print)

Signature _____