

Sibling Care Registration

Name of student: _____

SIBLING CARE

Student's Teacher: _____

Student's Grade Level: _____

Name of Sibling(s) student will be dismissed with: _____

Grade of Sibling(s): _____

ENRICHMENT CLASS AFTER CARE

Student's Teacher: _____

Student's Grade Level: _____

Enrichment Class(es) student is signed up for:

Name of Enrichment Class	Day of the Week the Class Takes Place

CONTACT INFORMATION

Mother's Name		Cel. #	
Father's Name		Cel. #	

In Case of Emergency:

Name of Contact	Phone/Cell Number	Relationship to Child

Name of person picking up student at sibling care, if other than parents listed above:

Name of Contact	Phone/Cell Number	Relationship to Child

For office use only:

Date of Payment: _____

_____ Paid the **annual** amount of sibling care **by check #** _____ **or cash** _____

_____ Paid the **semester** amount of sibling care **by check #** _____ **or cash** _____

*** Please make checks payable to St. Agnes Academy

You will need to drop off the form with your payment at the school office OR you can also send it to school with your child in an envelope marked: Sibling Care. Attention: Main Office.