

ST. BERNARD SCHOOL
AFTER-CARE PROGRAM
Registration 2017-2018

Hours are from Bell Time (usually 3:00 p.m.) until 6:00 p.m.
Snacks – Homework - Fun Time

Student's Name:

Grade in the Fall/Teacher:

Registration Fee

\$20 per family

After-Care Fees

\$950 per year divided into 10 payments (\$95 per month)

\$95 per month for 1st child (full-time status)

\$60 per month for each sibling (full-time status)

-or-

\$10 per day per child, if not full time status

How will your child be registered? _____ FULL TIME or _____ DROP-IN

Parent's Name (Print): _____

Parent's Name (Signature): _____ Date: _____

Any questions, please contact: Bonnie Champagne (After-Care Director) at (337) 332-2234.

ST. BERNARD SCHOOL
AFTER-CARE PROGRAM
Emergency Contacts 2017-2018

Student

Grade-Teacher

Homework:

_____ My child must complete as much homework as possible while in After-Care.

_____ My child should **NOT** do homework in After-Care. It will be completed at home.

Food Allergies:

Emergencies:

Student's Physician: _____ Phone _____

Please list contact persons that will be available between 3:00 p.m. - 6:00 p.m below.
(Include cell phone numbers) Please list on back, if more space is needed.

Name	Relationship to Child	Phone	Phone
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_____	_____	_____	_____
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_____	_____	_____	_____
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If SBS After-Care personnel are unable to reach me in the event of a medical emergency, I authorize caregivers to contact the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, caregivers may make whatever arrangements seem necessary.

If there are any changes during the school year with contact persons or phone numbers, **please notify After-Care immediately.**

Parent Signature

Date