

ST. BERNARD SCHOOL  
**BEFORE-CARE PROGRAM**  
Registration 2017-2018

**Hours are from 6:15 a.m. until 7:05 a.m.**  
**Light Breakfast Provided**

Student's Name:

Grade in the Fall/Teacher:

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**Registration Fee**

\$20 per family

**Before-Care Fees**

\$360 per year divided into 10 payments (\$36 per month)

**-or-**

\$3 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  
**BEFORE-CARE PROGRAM**  
Emergency Contacts 2017-2018

\_\_\_\_\_  
Student

\_\_\_\_\_  
Grade-Teacher

**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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Name	Relationship to Child	Phone	Phone
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Name	Relationship to Child	Phone	Phone
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If SBS Before-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 Before-Care immediately.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date