

*All Saints Catholic School
After School Program*

REGISTRATION FORM

(Fill out the front and back of this form.)

Child's Name	Nickname	Date of Birth	Sex	Grade
Address			Home Phone	
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed				
Previous Child Day Care Programs and Schools Attended				

PARENT(S)/GUARDIAN(S)

Father	Place Employed	Business Phone	
Home Address		Cell Phone	Home Phone
Mother	Place Employed	Business Phone	
Home Address		Cell Phone	Home Phone
Person(s) or Agency Having Legal Custody of Child			
Home Address		Home Phone	
Business Address		Business Phone	

FEES for 2011-2012

- One Child - \$45.00 per week for 3, 4, or 5 days
- Each additional child per family - \$22.50 per week
- \$11.00 per day per child for 1 or 2 days **ONLY**

Fees are due on the Friday at the end of that week for which service has been provided. Checks or money orders are preferred for payment of ASP fees. Your canceled check will serve as your receipt.

The After School Program operates from 3:00 PM until 6:00 PM on regular school days and 12:00 PM until 6:00 PM on early dismissal days. A late fee applies for all children picked up after 6:00 PM. The After School Program operates **ONLY** when school is in session. The ASCS After School Program is only opened to enrolled All Saints Catholic School students.

(over)

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician		Phone
Two People to Contact if Parent(s) Cannot Be Reached	Employer	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized to Pick Up Child		
1.		
2.		
3.		
4.		
5.		
Person(s) NOT Authorized to Pick Up Child *		

* Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
 * NOTE: Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

AGREEMENTS

1. The after school program agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the After School Program.
2. The parent(s)/guardian(s) authorize the after school program to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
3. The parent(s)/guardian(s) agree to inform the school within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

SIGNATURES

Parent(s) or Guardian(s) _____ Date _____

Administrator of ASP _____ Date _____

Date Child Entered ASP: _____ Date Left ASP: _____

** If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

Office Use Only – Identity Verification

If proof of identity is required and a copy is not kept, please fill out the following.

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof	Date Documentation Viewed	Person Viewing Documentation	

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided): _____