



CHRIST *the* **KING**
CATHOLIC SCHOOL

CHRIST THE KING AFTERCARE PROGRAM REGISTRATION FORM

This form must be accompanied by a \$5 registration fee for each child. The fee is non-refundable. Return this form and fees to the Main Office. Please make checks payable to Christ the King.

Family Name _____

Please list all children in family that are to be enrolled in the AfterCare Program and circle which days children are expected to attend:

_____ **Grade:** _____ **M T W TH F**

_____ **Grade:** _____ **M T W TH F**

_____ **Grade:** _____ **M T W TH F**

_____ **Grade:** _____ **M T W TH F**

Total amount of payment enclosed to register child(ren): _____

***Please note that there is a \$5 per minute charge for any children being picked up after 6pm in addition to the daily rate. Any child not picked up by 3:15pm will go to AfterCare.**

CONTRACT INFORMATION

We ask that you provide us with at least TWO numbers where we can reach you, a spouse, or an additional emergency contact, specifically between the hours of 3pm-6pm.

Mother's Name: _____

Best Contact Number: _____ **2nd Contact Number:** _____

Father's Name: _____

Best Contact Number: _____ **2nd Contact Number:** _____

Emergency contact: _____ **Relationship:** _____

Please make sure you or your child indicates if there are any changes to your schedule that will affect when they would otherwise be expected to be in AfterCare. Remember, your child's safety is our priority! Please list any allergies in the space below.

