

# CHRIST THE KING AFTER CARE PROGRAM REGISTRATION FORM

*This complete form must be accompanied by a \$5 registration fee for each child. The fee is non-refundable. Return this form and fees to the school office (please make checks payable to Christ the King.*

Family Name \_\_\_\_\_

**Please list all children in family that are to be enrolled in the After Care 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 \$5.00 per minute charge for any children being picked up after 6:00 P.M. in addition to the daily rate.\*\*\***

## 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:** \_\_\_\_\_ **2<sup>nd</sup> Contact number:** \_\_\_\_\_

**Father's name:** \_\_\_\_\_  
**Best Contact number:** \_\_\_\_\_ **2<sup>nd</sup> Contact number:** \_\_\_\_\_

**Emergency contact:** \_\_\_\_\_ **Relationship?** \_\_\_\_\_  
**Best Contact number:** \_\_\_\_\_ **2<sup>nd</sup> Contact number:** \_\_\_\_\_

*Please make sure you or your child indicates to Mrs. Shanks if there are any changes to your schedule that will affect when they would otherwise be expected to be in aftercare. Remember, your children's safety is our priority!*

**Please list any allergies in the space below/on the back of this form . . .**