

**SAINT CHARLES BORROMEO SCHOOL**  
**AFTER-SCHOOL CHILDCARE PROGRAM APPLICATION**  
**2007-2008 REGISTRATION**

In many families today, both parents share the responsibility and obligations of full-time employment, making childcare a priority. The after-school childcare program has been established in response to this need and provides a healthy, safe, enriching environment for the children. This program is only available to those children who attend St. Charles Borromeo School. The after-school childcare program will operate on all scheduled school days. It begins when school dismisses, 3:00 p.m. and closes at 6:00 p.m. This includes early dismissal days.

**PART I: GENERAL INFORMATION** (Please Print)

CHILD'S NAME _____	DOB _____	M _____	F _____	GRADE _____
CHILD'S NAME _____	DOB _____	M _____	F _____	GRADE _____
CHILD'S NAME _____	DOB _____	M _____	F _____	GRADE _____
CHILD'S NAME _____	DOB _____	M _____	F _____	GRADE _____
ADDRESS _____	HOME PHONE _____			
_____ ZIP _____	LIVES WITH _____			
MOTHER'S NAME _____		FATHER'S NAME _____		
WK# _____	CELL# _____	WK# _____	CELL# _____	
e-mail _____		e-mail _____		
TIME OF WORK _____		TIME OF WORK _____		
ADDRESS IF DIFFERENT FROM CHILD: MOM DAD _____				

**PART II: MEDICAL & EMERGENCY CONTACT INFORMATION** (Please Print)

CHILD(REN)'S PHYSICIAN _____	PHONE # _____
PHYSICIAN'S ADDRESS _____	
PREFERRED HOSPITAL _____	ADDRESS _____
NAME OF INSURANCE _____	ID.# _____
GROUP # _____	
LIST ANY ALLERGIES OR MEDICAL CONDITIONS _____	

LIST ANY MEDICATIONS TO BE GIVEN DURING AFTERSCHOOL HOURS \_\_\_\_\_  
(must be in original container with written instructions)

LIST TWO EMERGENCY CONTACTS (They will be called if parents cannot be reached in the event of a medical emergency or lat pick-up)

NAME _____	RELATIONSHIP _____	HOME # _____
		WORK# _____
		CELL# _____
		HOME # _____
NAME _____	RELATIONSHIP _____	WORK# _____
		CELL# _____

**PART III: CHILD(REN) PICKUP** (Please Print)

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LIST OTHER INDIVIDUALS WHO HAVE PERMISSION TO PICK-UP YOUR CHILD(REN). Include coaches, scout leaders, siblings, etc. **If someone other than those named above come to take your child(ren) and you cannot be reached, we will take authorization from someone listed in your emergency contacts. If you do not wish us to do this please sign \_\_\_\_\_.**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**PART IV: ENROLLMENT / FEE SCHEDULE** (Please Print)

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THE AFTER-SCHOOL CHILDCARE PROGRAM HOURS ARE FROM 3:00 p.m. TO 6:00 p.m.

I/WE WISH TO ENROLL MY/OUR CHILD(REN) AS: FULL-TIME PART-TIME DROP-IN  
(CIRCLE ONE)

ON THE FOLLOWING DAYS:

\_\_\_\_\_ MON \_\_\_\_\_ TUES \_\_\_\_\_ WED \_\_\_\_\_ THUR \_\_\_\_\_ FRI

**It is important that we know what day your child will first attend the program. Please indicate the date you wish your child(ren) to start. My/Our child(ren)'s first day will be**

Signature \_\_\_\_\_ Date \_\_\_\_\_

I/WE HAVE READ AND UNDERSTAND THE AFTER-SCHOOL CHILDCARE PROGRAM POLICIES.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date