



## After School Program Registration

Please complete and return this form along with your \$25 per family registration fee (made out to St. Catherine of Siena) upon registration. For questions contact the school office at (859)572-2680.

Child's Name:	<input type="text"/>	Grade:	<input type="text"/>	Teacher:	<input type="text"/>
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Child's Name:	<input type="text"/>	Grade:	<input type="text"/>	Teacher:	<input type="text"/>

Mother's Name:	Cell Phone:
<input type="text"/>	<input type="text"/>
Father's Name:	Cell Phone
<input type="text"/>	<input type="text"/>

Home Address:

Email:

Emergency Contact number during ASP hours:

Names and numbers of people who may pick up your child from ASP (other than parents):

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Please list any health conditions/allergies your child may have. If Benadryl, EpiPen, inhaler or any other medications are used, we must have these each day with us in the ASP along with a copy of your child's emergency care plan from the school office.

## After School Program Registration Scheduling and Fees

Weekly Fees (per child):

1 Day - \$20

2 Days - \$30

3 Days - \$40

4 Days - \$50

5 Days (full time) - \$60

- Bills will be sent out via email at the beginning of the month for the previous month and will be due by the 15<sup>th</sup> of the month. For example, you will receive a bill at the beginning of September for your usage of the program in August. The bill will be due on September 15<sup>th</sup>.
- Payments received after the 15<sup>th</sup> will be assessed a \$10.00 late fee. Returned checks will have a \$25.00 fee.
- Checks should be made payable to St. Catherine of Siena and should be remitted directly to the Parish Office.
- Please note that our program ends at 5:30. If for some reason you cannot be here on time, an additional fee of \$.50 per minute may be applied.

Monday    Tuesday    Wednesday    Thursday    Friday

**Homework Policy** - While we set aside time during the ASP for students to work on their homework, we do not check work or sign agendas. The parent is responsible for checking daily work. Please list any special instructions regarding your child's homework:

Child's Physician:

Phone Number:

Preferred Hospital

I, the undersigned, do hereby authorize the personnel of St. Catherine After School Program to contact directly the persons named on this form and do authorize the named physician to render treatment as deemed necessary in an emergency for the health of said child/children.

In the event the physician or other persons named on this form cannot be contacted, the Program Coordinator is hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of the child. I will not hold St. Catherine of Siena ASP, Parish or School financially responsible for emergency care and/or transportation of said children.

Parent/Guardian Signature:

Date:

St. Catherine of Siena School  
23 Rossford Avenue, Fort Thomas, Kentucky 41075  
Phone: 859-572-2680 Fax: 859-572-2699  
[www.stcatherineofsiena.org](http://www.stcatherineofsiena.org)