
St. Jude Aftercare Registration



The St. Jude Aftercare Program will begin on the first day of school. All information about the program is available in the *Family Handbook*. Please remember to complete the credit card form on page 2 to register for the program.

Student(s) Name _____ Grade _____
Student(s) Name _____ Grade _____
Student(s) Name _____ Grade _____

Parents Name _____
Home Address _____

Home # _____ Work # _____ Cell # _____

Days of the week your children will most likely attend:
___ M ___ T ___ W ___ TH ___ F ___ Only on occasion

Please list all persons allowed to pick your child up. Your child may only be released to persons on this list, which may only be changed with written/personal consent.

Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____

I give permission for the child listed here to participate in the aftercare program at St. Jude. We understand that we are bound by the terms given in the Family Handbook. We agree that only the individuals on this list will be sent to pick up our children. Medical and emergency information will be taken from documentation that we have provided to the school office. It is our responsibility to make sure that information is accurate and up to date.

Sign: _____ Date: _____

Continue to Page 2 to set up Payment Plan

St. Jude Aftercare Credit Card Form

Aftercare hours are 3:00-5:30. Cost for aftercare is \$10 per day per child.

Hours	Rate per Child
3:00-5:30	\$10.00
Late Fee	1st late pick up- No charge 2nd- \$25.00 3rd- \$50.00 and meet with Principal

All families must maintain a credit card on file to use the aftercare services.

Please choose one:

- Charge my credit card weekly
- Withdraw aftercare expense from my FACTS account. If expenses exceed the amount in my family's account, charge my credit card.

Children's Names: _____

Name on Card: _____

Card Number: _____

Expiration Date: _____ CVV: _____

Billing Zip Code: _____

Signature: _____