

Before and After Care Program
Resurrection-St. Paul School-Registration Form for 2010-2011

PLEASE COMPLETE ONE APPLICATION FORM PER CHILD.

CHILD'S FULL NAME: _____

GRADE IN 2010-2011: _____ BIRTH DATE: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL PHONE (Mom): _____ (Dad): _____

MOTHER'S NAME: _____ MOTHER'S EMPLOYER: _____

MOTHER'S WORK PHONE: _____ EMAIL: _____

FATHER'S NAME: _____ FATHER'S EMPLOYER: _____

FATHER'S WORK PHONE: _____ EMAIL: _____

PROGRAM ATTENDING-PLEASE CHECK THE APPROPRIATE LINE:

Fees represent nine equal monthly payments beginning August 30, 2010. The RSPS Accounting Department will mail you your monthly bills directly. Before and After Care Program is held only when Resurrection-St. Paul School is in session. We are not open when school is closed or during holidays.

AM Session Times: 7:00-8:45 am & PM Session Times: 3:30-6:00 pm

AM: 5 DAYS-\$180 _____	PM: 5 DAYS-\$210 _____
4 DAYS-\$150 _____	4 DAYS-\$195 _____
3 DAYS-\$135 _____	3 DAYS-\$175 _____
2 DAYS-\$120 _____	2 DAYS-\$145 _____
1 DAY -\$ 90 _____	1 DAY -\$ 105 _____

Drop in Fee: \$25/AM & \$30/PM

Please indicate below which days your child will attend:

AM PROGRAM:

MON _____ TUES _____ WED _____ THURS _____ FRI _____

PM PROGRAM:

MON _____ TUES _____ WED _____ THURS _____ FRI _____

Total Fee per month: _____

-OVER PLEASE-

Before and After Care Program

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Please make your registration check payable to Resurrection-St. Paul School-Before and After(B&A) Care Program and return registration check and forms to: The B & A Care Program, c/o Kevin Sokoloff.

Do Not send in your monthly payment at this time, only your registration form. You will be billed for your monthly fee.

You may reach Kevin Sokoloff on 410-461-9111 X 528 or by email at ksokoloff@resstpaul.org

In the event Resurrection-St. Paul School closes early for the day (ex. weather related closing) please indicate below the appropriate action to be taken by the Before and After Care Staff for your child. Please keep a copy of this so that you will be reminded of what you child(ren) will be doing:

_____ My child will be a car rider.

_____ My child is to go home on the school bus.

_____ My child is to go home with the following person(s) that is/are listed on my Before and After Care Emergency Card.

_____ Other Instructions: _____

If Before and After Care is unable to reach you, your first emergency person will be contacted to pick up your child. If this person is not reachable we will continue to go down the list in the order of the names given.

Parent Signature Date