Aftercare Family Information & Registration Form

2026–2027 School Year

Please complete this form to register your child(ren) for the **Corpus Christi Catholic School Aftercare Program**.

Aftercare Hours: Monday–Friday, 3:30–5:30 p.m.
Registration Fee: $25.00 per family, due to the school office at the time of registration.

Regular Aftercare Fees for 2026-2027 are as follows:

$10/ day per child

$18/day for 2 or more

1. Student Information

Student Name: _____
Grade: _____

Student Name: _____
Grade: _____

Student Name: _____
Grade: _____

2. Parent/Guardian Information

Parent/Guardian Name(s):

_____

Parent/Guardian Email Address:

_____

Parent/Guardian Cell Phone:

_____

Additional Phone Number:

_____

_____

3. Student Attendance

Please indicate the days your child(ren) will normally attend Aftercare:

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ All Week
- ☐ Varies

If attendance varies, please explain:

_____

Please note: If your child's schedule changes, please notify the Aftercare staff/school office as soon as possible.

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4. Allergies & Medical Information

Please list any allergies, medical conditions, medications, or other information the Aftercare staff should be aware of:

Does your child have any food allergies?

[ ] No [ ] Yes — Please explain: _____

Additional information or special instructions:

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5. Emergency Contacts

Please list individuals who may be contacted if a parent/guardian cannot be reached.

Emergency Contact #1

Name: _____

Relationship to Student: _____

Phone: _____

Emergency Contact #2

Name: _____

Relationship to Student: _____

Phone: _____

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6. Authorized Pick-Up Persons

Please list **all individuals who are authorized to pick up your child from Aftercare.**

1. Name: _____

Relationship to Student: _____

2. Name: _____

Relationship to Student: _____

3. Name: _____

Relationship to Student: _____

For the safety of our students, **an Indiana driver's license or other valid photo identification will be requested when a person is picking up a student from Aftercare if staff does not know the person who is picking up the child.**

Students will only be released to individuals authorized by a parent/guardian.

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7. Parent/Guardian Authorization

I understand that my child(ren) is/are enrolled in the Corpus Christi Catholic School

Aftercare Program and that Aftercare operates Monday–Friday from **3:30–5:30 p.m.**

I understand that I am responsible for arranging timely pickup of my child by **5:30 p.m.** I also understand that the school must be notified of any changes to my child's regular attendance or authorized pickup arrangements. There is a $1 fee for each minute after 5:30.

I certify that the information provided on this form is accurate and complete. I agree to notify the school of any changes to this information during the school year.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Office Use Only

Registration Fee Received: $25.00
Date Received: _____

Received By: _____

Registration Complete:

- ☐ Yes
- ☐ No

Additional Notes:
