ST. ANTHONY AFTER SCHOOL CARE 2026-2027 (ASC)

List any medical information relevant to your child's care, including allergies and if any medication is taken. If your child has no relevant medical history, please write "No history" beside their name.

_____

_____

_____

List the names of anyone we may contact in case of an emergency or illness if a parent cannot be reached:

1. Name _____ Phone_____ Relationship _____
2. Name _____ Phone_____ Relationship _____

In the event of a medical emergency when I cannot be reached, I grant St. Anthony After School Care permission to authorize necessary medical care for my child(ren).

Mother/Father/Guardian Signature _____ Date _____

2026-2027 ASC Rates: will be *paid through FACTS alongside student tuition fees*

Care Option	Monthly Fee	School-Year Cost*
2 Days per Week	$175/month	$1,750
3 Days per Week	$225/month	$2,250
4–5 Days per Week	$275/month	$2,750
Drop-In Care	$20/day	Based on actual use

Child Care Needs:

	Monday	Tuesday	Wednesday	Thursday	Friday
Check Day(s) Attending					

Parent/Guardian Financial Commitment Information:
It is agreed to and understood as a condition of our child(ren)'s participation in the 2026-2027 ASC program that we will pay our fee for the program based on the usage level indicated. We are obligated to utilize FACTS for auto-submission of payments. I have read and understand that all of the policies in the handbook apply for After School Care.

Signature:_____ Relationship to Child:_____

Date _____ Additional Comments/Notes: _____

ST. ANTHONY AFTER SCHOOL CARE REGISTRATION FORM 2026-2027 (ASC)

Today's Date: _____

Name of Child(ren) 1._____ 2._____ 3._____ 4._____

Date of Birth 1._____ 2._____ 3._____ 4._____

Grade Entering 1._____ 2._____ 3._____ 4._____

Enrollment Type (Please Circle): Full Time (4-5 days/week) / Part Time (2 days/week) or (3 days/week) / Drop In (occasionally or as needed)

Parent/Guardian with whom the child resides _____ Home Phone _____

Parent #1's Name _____ Address _____

Cell Phone _____ Employer _____ Work Phone _____

Parent #2's Name _____ Address _____

Cell Phone _____ Employer _____ Work Phone _____

Parent #1's Email _____ Parent #2's Email _____

Persons authorized to pick up your child(ren):

1. Name _____ Phone Number _____
2. Name _____ Phone Number _____
3. Name _____ Phone Number _____
4. Name _____ Phone Number _____

List any persons NOT AUTHORIZED to pick up your child: _____

_____

Medical Emergency Information:

Child's Physician _____ Phone Number _____

Address _____ City, State, Zip _____

Insurance Company _____ Phone Number _____

Policy Number _____ Group _____

Hospital of Choice in Case of Emergency _____

Address of Hospital _____ City, State, Zip _____

Phone Number of Hospital _____