

**ST. PATRICK INTERPARISH SCHOOL  
AFTER SCHOOL PROGRAM REGISTRATION FORM**

Please fill out a form for each child

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**PLEASE MARK ONE THAT APPLIES TO EACH CHILD:**

My child will attend the After School Program on a full-time basis. Each named child should be present in the After School Program every school day, unless he or she is absent from school, or I notify the school before 2:00 p.m. that he/she will not be attending the After School Program that day.

My child will attend the After School Program on the following full school days of each week:  Monday  Tuesday  Wednesday  Thursday  Friday, (May check UP TO 3 days per week, for part-time attendance) or  Monday-Friday until 4:00, unless he/she is absent from school, or I notify the school before 2:00 p.m. that he/she will not be attending the After School Program that day. I understand half days and Teacher Work Days are subject to additional charges.

My child will only attend the After School Program occasionally or on an irregular schedule. I will advise my child's teacher or the school office no later than 2:00 p.m. on any day my child(ren) will attend the After School Program. I understand and acknowledge that if I do not notify the school, my child(ren) will not be admitted to the After School Program and must be picked up from school at dismissal, or from any after-school activities at the time those activities end.

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Phone Numbers where I may be reached after 3:00 p.m.: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Phone Numbers where I may be reached after 3:00 p.m.: \_\_\_\_\_

**RESTRICTIONS:**

Please include any information that will help better enable us to protect your child, including allergies, illnesses or physical restrictions.

\_\_\_\_\_  
\_\_\_\_\_

**PERSONS AUTHORIZED TO PICK UP YOUR CHILD:** I understand that no other person will be allowed to pick up my child(ren), unless I so authorize in writing. (Authorization may NOT be made by telephone).

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Other persons permitted to pick up your child(ren):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY TREATMENT AUTHORIZATION:** In case of an emergency, I hereby authorize any qualified person to administer first aid and other necessary treatment. In the event that a doctor should be called, please call the following:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

**RESPONSIBILITY WAIVER:** For and in consideration of the student being allowed to participate in this event, and other valuable consideration, the undersigned parent, guardian, or legal representative, on behalf of the student and the student's parents, personal representative, assigns, heirs, and next of kin, does hereby release and hold harmless the Diocese of St. Augustine, Bishop Victor Galeone, the above noted school, and employees and agents of said parties engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property, of the student, or death, while the student is engaged in the above stated event or in transportation to and from said event. The undersigned expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**LATE CHARGES:** If your child(ren) has not been picked up by 6:00 p.m., there will be an additional charge of \$2.00 for 1-5 minutes, \$5.00 for 6-10 minutes, and \$10.00 for 10-15 minutes per child.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use

Date ASP Registration Received: \_\_\_\_\_

\$ \_\_\_\_\_ Paid