

We need phone number that in a case of any emergency we can reach you or a relative. Please fill in the names of the contacts that may be reached if we cannot get you and have permission to pick up your child(ren).

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

Please list any medical conditions or concerns that our After Care Director should know about: \_\_\_\_\_  
\_\_\_\_\_

**Blessed  
School  
After Care**

Drop in fee (for emergencies only) \$10.00

**Sacramento**

### **Program/Registration and Contact Form**

***Student Information: PLEASE PRINT***

Name: \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_  
Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

***Contact Information*** (Please fill in completely)

Parent/Guardian 1	Parent/Guardian 2
Name: _____	_____
Relationship to Student: _____	_____
Cell phone: _____/Work# _____	Cell phone: _____/Work# _____

(Over)

**Please  $\surd$ one**

\_\_\_\_\_ Two day program    \_\_\_\_\_ Three day Program    \_\_\_\_\_ Five day program

Please ✓ days per week:

**Pick-up time**

_____ Monday - Friday	_____
_____ Monday	_____
_____ Tuesday	_____
_____ Wednesday	_____
_____ Thursday	_____
_____ Friday	_____
_____ First Fridays Only	_____

**My choice of payment schedule is:**

- 1<sup>st</sup> of each month September - June
- 15<sup>th</sup> of each month September - June

I agree to the terms stated above. Ten monthly payments September - June.

\_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature