



“Growing the total child in wisdom, age, and grace.”

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Archdiocese of Galveston-Houston

BEFORE AND AFTER SCHOOL CARE ENROLLMENT FORM

\$30 Registration Fee (per student) **OFFICE USE:** Paid Amount: _____ Date Enrolled: _____

MONTHLY RATES:

- \$60 Morning Only (6:30 a.m.- 7:30 a.m.)
- \$130 Afternoon Only (3:00 p.m.-6:00 p.m.)
- \$180 Morning & Afternoon
- \$20/Day Drop-In Only

Late Fees: \$5 late fee plus a \$1 per minute charge (per student) if picked up after 6:00 p.m. Payment for late fee is due at the time of pick up paid to the After Care Director on duty. Before & After School Care phone number is 281-485-2441.

Cancellation or Change Notice: To cancel or change the status of your enrollment, please email the Registrar to update the status of your student(s).

Student Name: _____ Birthdate: _____ Grade: _____
 Address/Street: _____ Home Phone: _____
 Father’s Name: _____ Mother’s Name: _____
 Father’s Work: _____ Mother’s Work: _____
 Father’s Cell: _____ Mother’s Cell: _____

Authorized representatives to pick up children and for emergencies:

Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____

List any special conditions that your child may have, such as FOOD ALLERGIES, allergies, illness, long term prescribed medication, or physical disability that would hinder the student from indoor /outdoor activities.

EMERGENCY MEDICAL CONSENT AND INFORMATION

In the event I cannot be reached to make arrangements for emergency medical attention, I authorize the Before & After School Care Program to take my child to the nearest hospital or doctor.

Personal Physician Name: _____ Phone: _____
 Address: _____ City: _____
 Hospital Preference: _____ Phone: _____

I give my consent for necessary emergency treatment by Before & After Care and/or physician and/or hospital in my absence.

Signature of Parent/Guardian

Date