

Signature of Parent/Guardian

## "Growing the total child in wisdom, age, and grace."

**Main** 281.485.2845 **Fax** 281.485.7607 shcssaints.org • 2213 Old Alvin Rd., Pearland, TX 77581 Archdiocese of Galveston-Houston

BEFORE AND AFTER SCHOOL CARE ENROLLMENT FORM		
\$30 Registration Fee (per student) <b>OFFICE U</b>	SE: Paid Amount:	Date Enrolled:
MONTHLY RATES:  ☐ \$60 Morning Only (6:30 a.m 7:30 a.m.)  ☐ \$130 Afternoon Only (3:00 p.m6:00 p.m.)  ☐ \$180 Morning & Afternoon		
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 Extended Day Director on duty. Extended Day 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:		Grade:
Address/Street:		o.
Father's Name: Mother's Name: Mother's Work: Mother's Work:		
	<del></del>	
Father's Cell: Mother's Cell:		
Authorized representatives to pick up children and for emergencies:		
		Phone:
		Phone:
Name: R	erationship:	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 I In the event I cannot be reached to make arrange After School Care Program to take my child to the Personal Physician Name: Address: Hospital Preference: I give my consent for necessary emergency treat absence.	ments for emergency medic ne nearest hospital or doctor Phone: City: Phone:	r. 