

School-Age Care Application Form (2023-2024)

ONE FORM PER FAMILY – KINDERGARTEN THROUGH 8TH GRADE

(REGISTRATION FEE: \$25 per child OR \$40 per family)

Child Name: _____ Grade '23-'24: _____ DOB: _____

Child Name: _____ Grade '23-'24: _____ DOB: _____

Child Name: _____ Grade '23-'24: _____ DOB: _____

Child Name: _____ Grade '23-'24: _____ DOB: _____

Please indicate: QHR Parishioner SPX Parishioner Other _____

_____ After-School Care

_____ Summer Care – 2023

Days of Attendance: M T W TH F

Days of Attendance: M T W TH F

Approximate Time of Arrival: _____

Approximate Time of Arrival: _____

Approximate Time of Departure: _____

Approximate Time of Departure: _____

MOTHER/ GUARDIAN

First Name: _____ Last Name: _____

Street Address: _____ City/ST: _____ Zip: _____

Cell phone: _____ Preferred Home phone: _____ Preferred

Email: _____ Business phone: _____ Preferred

FATHER/ GUARDIAN

First Name: _____ Last Name: _____

Street Address: _____ City/ST: _____ Zip: _____

Cell phone: _____ Preferred Home phone: _____ Preferred

Email: _____ Business phone: _____ Preferred