

St Luke After School Care Program
Student Information Form

Child's Name _____ Sex _____

Birth Day ___/___/___ School my child will attend _____ Grade _____

Address _____ Zip _____

Parent Name _____ Phone Number _____

Occupation _____ Work Phone _____ E-mail _____

Parents Name _____ Phone Number _____

Occupation _____ Work Phone _____ E-Mail _____

Best form of communication: Text _____ Phone _____

Are both parents authorized to pick up this child: Yes _____ No _____

Please list individuals that ARE allowed to pick up your child beside parents:

Name: _____ Phone _____

Name: _____ Phone _____

Name: _____ Phone _____

In case of emergency and parents can't be reached call:

Name: _____ Phone _____

Name: _____ Phone _____

Information about your family: (Names and ages of other people living in the home and any recent changes to the family dynamic you need us to know)

General information and financial agreements:

May we use pictures of your child for After School marketing/ social media purposes?

_____ Yes _____ No

Does your child receive any services (speech, occupational, behavioral, physical, etc)?

_____ Yes _____ No If yes what services:

_____ I have included a non-refundable \$50.00 registration check with this form.

Tuition can be paid:

Weekly (\$55.00 a week – due the first of the week) or

Monthly (tuition can be divided over 9 or 10 months –due the first of the month)

Tuition schedule will be handed out at the open house

_____ I understand that if I withdraw my child, a 2 weeks' notice AND TUITON in full for that 2 weeks is REQUIRED.

Signature _____ Date _____