

**St. Viator School
Kid Care Registration Form**

Family Name _____

Child's first and last name:

Birthday

Grade /Room Number

My child will attend: _____ morning _____ after school _____ both

Home Address _____ Zip Code _____

Home Phone _____

Mother's Name _____ Mother's Work Phone _____

Cell Phone/Pager _____

Father's Name _____

Father's Work Phone _____

Cell Phone/Pager _____

I understand and promise to comply with the attached guidelines of this program. I am keeping the attached information on this program for reference. I also understand that it is my responsibility to keep **my Emergency information current.**

Parent Signature _____

Registration Fee _____ CK # _____ Date _____

KID CARE WEEKLY PAYMENT FORM

Before School: \$5.00 per child

After School: \$10.00 1st Child - \$8.00 each additional child

**½ Days: \$16.00 1st Child - \$12.00 each additional child
Additional \$3.00 per child for pizza lunch and pop
(In cash)**

Kid Care does not refund money or credit accounts from week to week for unused days.

Date _____

Child's Name _____ Room # _____

Child's Name _____ Room # _____

Child's Name _____ Room # _____

Child's Name _____ Room # _____

	Morning	Afternoon	½ Day	Day's Total
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Please note.....Snack donations for Kid Care are appreciated (individually wrapped).

Week Total \$ _____

Parent Signature _____

Total Amount Enclosed \$ _____

Date _____

St. Viator School Kid Care
Emergency and Release Form

Please Print

Family Name _____

Child/ren First and Last Name

Grade/Room Number

In case of emergency please contact:

Name: _____ Phone #: _____

Relationship to Child: _____ Cell Phone/Pager _____

Name: _____ Phone #: _____

Relationship to Child: _____ Cell Phone/Pager _____

Name: _____ Phone #: _____

Relationship to Child: _____ Cell Phone/Pager _____

Name: _____ Phone #: _____

Relationship to Child: _____ Cell Phone/Pager _____

Please list any information that may be helpful in the care of your child/ren especially any allergies or medical conditions.

-OVER-