

ST. FINN BARR CATHOLIC SCHOOL  
419 HEARST AVENUE  
SAN FRANCISCO, CA 94112  
(415) 333-1800

**AFTER SCHOOL CARE PROGRAM  
REGISTRATION**

Dear Parents,

Thank you for your interest in St. Finn Barr Catholic School's After School Care Program. Please return the enclosed registration sheet along with your registration fees.

Childcare is offered from dismissal until 6p.m. Your child should report to After Care immediately following dismissal to be checked-in. On early dismissal days, After Care begins at 12:30 p.m. This program is available for families to use everyday - unless noted on the monthly calendar.

After School Care fee is **\$6.00 per hour** per child. Your child's hours will be recorded and you will be billed on a monthly basis. Thank you for making your payments promptly.

The daily program will include outside playtime (weather permitting), homework time, quiet time, indoor activities, and snack time -- our goal is to provide a safe and happy environment for your children between school and home.

Please make sure that your After School Care emergency information sheet includes the names of only people who are authorized to pick up your child. Your child will be released only to those assigned adults on the Emergency information sheet. Phone calls for release will not be acceptable. I am so pleased to be able to offer this service to you and to make this a part of our school program.

Daycare for the school year 2018 - 2018 will begin **Wednesday, August 22, 2018**. Registration is \$25.00 per child and \$6.00 per hour. Daycare hours are from the time of dismissal until 6:00 p.m. If your child is picked up after 6:00 p.m., there will be a charge of \$10.00 per minute. Your enrollment in the program may be compromised by chronic late pickup.

All daycare payments are due on the 20<sup>th</sup> of each month. After the 20<sup>th</sup>, there will be a late charge of \$25.00 added to your account. If payments are two month's delinquent, you will be asked to discontinue using the Extended Care program, until payments are current.

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REGISTRATION  
\*ONE FORM PER CHILD\***

I want to register my child in the After School Care Program.

<u>Name of Child</u>	<u>Birth Date</u>	<u>Grade</u>
_____	_____	_____

I will need care on:

\_\_\_ Monday      \_\_\_ Tuesday      \_\_\_ Wednesday  
\_\_\_ Thursday      \_\_\_ Friday

\_\_\_ I am enclosing the \$25.00 (per child) registration fee. The cost of daycare is **\$6.00 per hour.**

**Emergency contact information:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

**Parent/ Guardian contact information:**

Father's name: \_\_\_\_\_  
Father's work number: \_\_\_\_\_  
Cell phone number: \_\_\_\_\_  
Mother's name: \_\_\_\_\_  
Mother's work number: \_\_\_\_\_  
Cell phone number: \_\_\_\_\_

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**Authorized people to whom my child can be released:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

Please describe any physical, medical or emotional conditions. Including allergies to food or medications that should be considered for your child in an emergency situation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of minor injury, I authorize that first aid be administered. In case of an accident our family doctor or dentist may be contacted. Yes \_\_\_\_ No \_\_\_\_

Family Doctor: \_\_\_\_\_

Telephone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Insurance Card  
& Company \_\_\_\_\_

Family Dentist: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_