

2024-25 Holy Spirit School After Care Program

Hours: 2:30 - 5:30

Full time:	\$110.00 per week/chi	ld \$25	i.00 per day 15% sibling discount
Child's Name	e:		
Mother's Name/Contact #:			email:
Father's Name/Contact #:			_email:
Enrollment			
Full Time		4 Days (indicate days)	
3 Days (indicate days)			1 or 2 days (indicate days)
Medical Info	ormation		
Health Conc	erns/Allergies:		
Pediatrician:		Phone	#:
Preferred Ho	ospital:		
Emergency (Contacts		
Name:		Phone:	Relationship
Name:		Phone:	Relationship
Authorizatio	on for Pick-Up (other than	parents)	
Name:		_Phone:	Relationship
Name:		_Phone:	Relationship
Parent Signature:			Date:

A copy of your child's Immunizations and Birth Certificate are required.