Holy Spirit School UPK After Care Program

Hours: 2:30 - 5:30

Full time:	\$120.00 per week/child	\$24.00 p	per day	
Child's Name	:		-	
Mother's Name/Contact #:		em	nail:	
Father's Name/Contact #:		em	ail:	
Enrollment				
Full Time			4 Days (indicate days)	
3 Days	s (indicate days)	1	or 2 days (indicate days)	
Medical Info	rmation			
Health Conce	erns/Allergies:			
Pediatrician: Phone #:				
Preferred Ho	spital:			
Emergency C	ontacts			
Name:		_ Phone:	Relationship	
Name:		_Phone:	Relationship	
Authorizatio	n for Pick-Up (other than p	arents)		
Name:		Phone:	Relationship	
Name:	F	Phone:	Relationship	
Parent Signat	ture:		Date:	

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