

2025-26 Holy Spirit School After Care Program

Hours: 2:30 - 5:30

Full time:	\$120.00 per week/chi	ld \$27.	.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 Conce	erns/Allergies:			
Pediatrician:		Phone	#:	
Preferred Ho	ospital:			
Emergency (Contacts			
Name:		Phone:	ne: Relationship	
Name:		Phone:		Relationship
Authorizatio	n 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.