2026-2027 Holy Spirit School UPK After Care Program
Hours: 2:30 – 5:30

Full time: **$140.00 per week/child** **$37.00 per day**

Child's Name: _____

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 Information

Health Concerns/Allergies: _____

Pediatrician: _____ Phone #: _____

Preferred Hospital: _____

Emergency Contacts

Name: _____ Phone: _____ Relationship_ _____

Name: _____Phone: _____ Relationship_____

Authorization 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.