

SAINT CATHERINE OF SIENA SCHOOL



"EDUCATING STUDENTS FOR THEIR LIFE'S JOURNEY HOME TO GOD"

After School Program Registration

Please complete and return this form along with your \$25 per family registration fee (made out to St. Catherine of Siena) no later than the first day of school. For questions contact the school office at 572-2680.

Child's Name: Grade: Teacher:

Child's Name: Grade: Teacher:

Child's Name: Grade: Teacher:

Mother's Name: Cell Phone:

Father's Name: Cell Phone:

Home Address:

Email:

Emergency Contact number during ASP hours:

Names and numbers of people who may pick up your child from ASP (other than parents):

Please list any health conditions/allergies your child may have. If Benadryl, epipen, inhaler or any other medications are used, we must have these each day with us in the ASP along with a copy of your child's emergency care plan from the school office.



St. Catherine of Siena School
23 Rossford Avenue, Fort Thomas, Kentucky 41075
Phone: 859-572-2680 Fax: 859-572-2699
www.stcatherineofsiena.org

Scheduling and Fees

Weekly Fees (per child):

1-2 Days - \$25

3 Days - \$35

4 Days - \$45

5 Days (full time) - \$55

Make all checks payable to St. Catherine of Siena. Fees are due on the 15th day of each month. There is a returned check fee of \$25. Checks received after the last day of the month also carry a \$25 fee. Please note that our program ends at 5:30. If for some reason you cannot be here on time, an additional fee of \$.50 per minute may be applied.

If you are scheduled as a “flexible day”, you must contact the program coordinator by the Sunday before the week starts regarding the days your child will be attending so craft and snack items can be prepared. Please circle the days you know your child will be attending:

Monday Tuesday Wednesday Thursday Friday

Homework Policy - While we set aside time during the ASP for students to work on their homework, we do not check work or sign agendas. The parent is responsible to check daily work. Please list any special instructions regarding your child’s homework:

Child’s Physician: Phone Number:

Preferred Hospital

I, the undersigned, do hereby authorize the personnel of St. Catherine After School Program to contact directly the persons named on this form and do authorize the named physician to render treatment as deemed necessary in an emergency for the health of said child/children.

In the event the physician or other persons named on this form cannot be contacted, the Program Coordinator is hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of the child. I will not hold St. Catherine of Siena ASP, Parish or School financially responsible for emergency care and/or transportation of said children.

Parent/Guardian Signature: Date:

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