St. Josephine Bakhita
PARISH & SCHOOL

St. Josephine Bakhita Aftercare Program

Please complete this form **IF** you plan to use St. Josephine Bakhita Aftercare **any time during the year. No one may attend without completion of this form.**

Attendance Form/Payment Contract 2024-2025

Please check the time that your children will be here. For example: Pick up at 4:30, check the box 2:15-4:30.

Times	Monday	Tuesday	Wednesday	Thursday	Friday
2:30 – 3:30					
2:30 – 4:30					
2:30 – 5:30					

Aftercare is available every school day for students in grades K-8.

- Hourly fee is $6.00. You will only be charged for days students attend.
- Students may not be picked up in Aftercare until 2:45. If you need to pick up earlier, the student should go out with the car riders and be picked up on the Karl Rd. side of the building.
- If your child is placed in Aftercare due to buses not arriving, you will not be charged.
- Families whose invoices are more than two weeks late being paid will not be able to send their students to Aftercare.

All children must be picked up by 5:30 PM. In the event the child is picked up after 5:30 PM, you will be charged $1.00 per minute.

To register: return this signed form with the reverse side completed in an envelope marked St. Josephine Bakhita Aftercare. All aftercare fees, forms and correspondence can be sent to the school office or given directly to the aftercare staff.

I have read and understand this information regarding the St. Josephine Bakhita Aftercare Program.

_____   _____

Parent Signature   *Date*

St. Josephine Bakhita Aftercare Registration

Please Print:

Child's Name	Grade	Date of Birth	Allergies/Physical Limitations

Home Address: _____

Mother/Guardian Name:_____

Phone where can be reached during Aftercare: _____

Father/Guardian Name:_____

Phone where can be reached during Aftercare: _____

Additional Emergency Contracts and People Allowed to Pick up:

Name:_____

Phone Number: _____

Relationship: _____

Name:_____

Phone Number: _____

Relationship: _____

Parent Signature: _____ **Date:** _____