Student Last Name _____ First Name _____ Grade Level _____

Registration Date:_____/_____/_____

Student Information

Last Name	First Name
Address	DOB ____/____/_____ Gender*(circle)* M F

Primary Parent / Guardian

Last Name	First Name	
Home Phone	Cell Phone	Work Phone

Secondary Parent / Guardian

Last Name	First Name	
Home Phone	Cell Phone	Work Phone

Non Parental Emergency Contact

Last Name	First Name	
Home Phone	Cell Phone	Work Phone
Relationship to pupil:		

John Paul the Great Academy

AfterCare Program

Attendance Frequency *(please circle)*: M T W TH F

Food and other Allergens *(please circle)*: Yes No

If "Yes," please specify: _____

_____

_____.

Please list additional adults permitted to "sign out" your child

Name:	Number:
Name:	Number:
Name:	Number:

Location: Refectory
Time: 3:30 - 5:30 p.m. M-F
(with the exception of noon dismissal days)

$75/monthly registrant; $7/"drop-in" a day; $3.50/4:30 p.m. pick-up

Tardy Pick-up Fee: $1/minute after 5:30 p.m.

I understand and agree to honor, as well as encourage my child to honor, the JPG Academy AfterCare Program Guidelines:

_____/____/_____
Signature of Parent/Legal Guardian *Date*