



JOHN PAUL THE GREAT
ACADEMY

Aftercare Program

Student Last Name

First Name

Grade Level

Student Information

Street Address

City

State

Zip

____/____/____
Date of Birth

Gender (circle): M F

Primary Parent/Guardian

Last Name

First Name

Cell Phone

Work Phone

Home Phone

Secondary Parent/Guardian

Last Name

First Name

Cell Phone

Work Phone

Home Phone

Non-Parental Emergency Contact

Last Name

First Name

Cell Phone

Work Phone

Home Phone

Relationship to Student

Attendance Frequency (please circle) M T W TH F

Food & Other Allergens (please circle) Yes No

If "Yes", please specify allergens: _____

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

Name

Cell

Name

Cell

Name

Cell

Location: De La Salle Courtyard

Time: 3:30 p.m. - 5:30 p.m. M-F

(with the exception of noon dismissal days)

\$75/monthly registrant

\$7/day for "drop-ins"

\$3.50/day for 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 John Paul the Great Academy Aftercare Program Guidelines.

Signature of Parent/Legal Guardian

____/____/____
Date