

**ST. STEPHEN'S BEFORE-SCHOOL CARE PROGRAM**

**2024-2025 REGISTRATION FORM**

**(Annual one-time only fee of \$100.00/Family is required before services begin)**

Today's Date: \_\_\_/\_\_\_/\_\_\_

Child's Name: \_\_\_\_\_  
*Last First Nickname*

Child's Grade: \_\_\_\_\_ Room: \_\_\_\_\_ Age: \_\_\_\_\_

House number & Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: NY Zip: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ - \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Work # \_\_\_\_\_ Cellular # \_\_\_\_\_ Work# \_\_\_\_\_ Cellular# \_\_\_\_\_

Emergency Contact Name & Number (Other than Parent):  
\_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or Special Information: \_\_\_\_\_

**Please Check Days Attending:**

\_\_\_\_\_ **Weekly** Basis (Monday – Friday)

\_\_\_\_\_ **Daily** Basis: **Monday Tuesday Wednesday Thursday Friday**

\_\_\_\_\_ **As Needed**

**PAYMENT AGREEMENT**

Payment is required at the time the application is turned in to the office.

Child/Children drop-off can begin at 6:30 a.m. There will be no before-school care on the days St. Stephen School is not in session.

PARENT SIGNATURE: \_\_\_\_\_

**\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\***

Registration Fee Paid amount \$ \_\_\_\_\_ check # \_\_\_\_\_ cash \_\_\_\_\_ initials \_\_\_\_\_