



Aftercare Program

3:00 – 6:00 pm

Registration - \$10.00 per family

***Daily Rates - \$10.00 for 1 child, \$16.00 for 2 children, \$21.00 for 3 children,
\$25.00 for 4 children**

***Weekly Rates - \$45.00 for 1 child, \$70.00 for 2 children, \$90.00 for 3 children,
\$100.00 for 4 children**

Late fee - \$1.00 per minute after 6:00 pm

Child's Name _____ Grade _____
Child's Name _____ Grade _____
Child's Name _____ Grade _____
Child's Name _____ Grade _____

Address _____ Zip _____

Home phone _____

Mother's Name _____

Work# _____ Cell# _____

Father's Name _____

Work# _____ Cell# _____

Please circle the days that you anticipate Aftercare attendance M-T-W-T-F

IN CASE OF AN EMERGENCY AND WE ARE UNABLE TO CONTACT THE PARENTS

Physician's name _____ Phone# _____

Any medications, food or allergies: _____

If I can not be reached in a medical emergency, I give my permission for my child to be treated by the above named physician or other medical personnel as selected by The Charleston Catholic School Aftercare Program.

Parent/Guardian Signature