



SAINT GABRIEL CATHOLIC SCHOOL
4500 South Wallace Street; Chicago, IL 60609
Office: 773.268.6636 FAX: 773.268.2501 www.saintgabs.com

FAMILY REGISTRATION FORM – 2017 - 2018
After School Care Program

Hours of Operation on Regular School Days:
After School Care: 3:00 pm. – 6:00 pm (\$5.00 per hour)
Late pick-up fee: \$1.00 per minute for each minute after 6:00 p.m.

Check one:

- Pre-K to 6 After School Care (Circle one: Daily As needed only)

STUDENT INFORMATION #1

Last Name, First Name Birth Date Grade

List Known Allergies/ Medication _____

STUDENT INFORMATION #2

Last Name, First Name Birth Date Grade

List Known Allergies/Medication _____

STUDENT INFORMATION #3

Last Name, First Name Birth Date Grade

List Known Allergies/Medication _____

(OVER)
PLEASE COMPLETE THE BACK OF THIS FORM FOR CONTACT INFORMATION

PRIMARY CONTACT INFORMATION (NOTE: This will be the first person contacted in an emergency.)

Last Name First Name Relationship

Home Phone Cell Phone Employer Name Work Phone Ext.

SECONDARY CONTACT INFORMATION (NOTE: Second person to be contacted in an emergency.)

Last Name First Name Relationship

Home Phone Cell Phone Employer Name Work Phone Ext.

LIST OTHER PERSONS AUTHORIZED TO PICK UP CHILD(REN)

Last Name First Name Home Phone Cell Phone

IMPORTANT BILLING INFORMATION
Billing is sent home weekly. Payments are due upon receipt of the bill. Families who become more than two (2) weeks past due will not be allowed to have their children in the program until all charges have been satisfied.

I understand that After School Care bills must be paid on time. I also understand that I will be charged \$1.00 per minute for every minute my child is in the program after 6:00p.m.

Parent Signature _____ Date _____