



St. Francis of Assisi School  
 70 Adam Street, Tonawanda New York 14150  
 Office: (716)-692-7886

**APPLICATION FOR AFTER SCHOOL CARE**

**Cost: \$3.00 an hour per child**  
**Time: Monday-Friday 2:00pm-5:30pm**

Name of Student: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
 \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
 \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
 \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
 \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Number # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Number # \_\_\_\_\_

List those who have your permission to pick up the child/children. We will use these phone numbers for emergencies also.

Name: \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

DAYS ATTENDING PLEASE CIRCLE

Weekly  
 Daily— Monday Tuesday Wednesday Thursday Friday

On Need: \_\_\_\_\_

Pick Up Time \_\_\_\_\_

Allergies—Important information for us to know:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**Registration fee: \$ 10.00 per family with application.**