

St. Francis of Assisi Early Childhood Center
70 Adam Street
Tonawanda New York 14150
Office: (716)-692-7886
APPLICATION FOR BEFORE / AFTER SCHOOL CARE

Name(s) _____ Grade _____ Age _____
_____ Grade _____ Age _____

Address: _____ Home Phone # _____

Mother's Name: _____ (work) _____ (cell) _____

Father's Name: _____ (work) _____ (cell) _____

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

Name: _____ Relationship _____

Address _____

Home Phone _____ (work) _____ (Cell) _____

Name: _____ Relationship _____

Address _____

Home Phone _____ (work) _____ (Cell) _____

(Please provide additional name on the back if needed)

DAYS ATTENDING. PLEASE CIRCLE

Weekly – pick up time _____

Daily— Monday, Tuesday, Wednesday, Thursday, Friday - pick up time _____

On Need/pick up time. _____

My child/children will be dropped off at the St. Francis Afterschool program by (circle) **BUS** **CAR**
WALKER OR from our **Early Childhood Center**

Allergies—Important information for us to know:

\$5.00 per hour-per child

\$10.00 per Family-per hour

\$10.00 application fee with this form

PLEASE NOTE* A late fee charge of \$5.00 per child for every 15 minutes past 5:30 P.M. will be added to your bill.**

Parent/Guardian signature _____

Thank You. The Early Childhood and Afterschool Care Staff

Additional names who can pick up your child/children.

Name _____

Relationship _____

Home Phone _____ (work) _____ (cell) _____

Name _____

Relationship _____

Home Phone _____ (work) _____ (cell) _____

Name _____

Relationship _____

Home Phone _____ (work) _____ (cell) _____