

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)

PLEASE CIRCLE all that apply and indicate days attending

Before School Care After School Care Before and After School Care

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

Weekly – 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**
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 PM 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) _____