

## 2025-26 After School Care Registration Form Registration by June 3, 2025

This registration form states your family's *approximate* need for After School Care for the year.

Please state as accurately as possible your family's needs for After School Care for your children 3K through 8<sup>th</sup> grade. We are aware that work schedules and/or needs may change.

This information is necessary to secure staffing for next year. The hours are 3:15 pm - 6:00 pm.

For registration fee and hourly rates, please see the fee chart and billing information at the back of the Extended Care Program handbook.

Family Name:		Hom	Home Phone:				
Address:		City/2	City/Zip:				
Father's Name:		Mothe	Mother's Name:				
Email:		Email:	Email:				
Cell Phone:		Cell P	Cell Phone:				
Work Phone:		Work	Work Phone:				
Please enter an ap An actual schedul	•		d-August before s	school starts.			
Student's Name:			Grade: DOB:				
	Monday	Tuesday	Wednesday	Thursday	Friday		
Total Hrs. (e.g. 2)							
Time (e.g.3:13-4:25 pm)							

Student's Name:			Grade:		DOB:	
	Monday	Tuesday	Wednesday	Thursday	Friday	
Total Hrs. (e.g. 2)						
Time (e.g.3:13-4:25 pm)						
Student's Name:			Grade:	DOB:		
	Monday	Tuesday	Wednesday	Thursday	Friday	
Total Hrs. (e.g. 2)						
Time (e.g.3:13-4:25 pm)						
bank account. If you invitation via email. School).	do not have a E If you prefer to p and hourly rate,	Brightwheel accor eay via check, ple	unt, one will be createse attach paymer	ated for you, and it to this form (pay	pay via credit card or you will receive an vable to Holy Apostles back of the Extended	
Please notify the A advantage of the A		•	•	•	ne else may take	
I have read the After Resources.	<sup>-</sup> School Care Af	ter School progra	am handbook found	d at www.hanbsch	ool.org under Parent	
Signature:				_Date:		