Waukesha Catholic Before & After School Care Registration 2023 - 2024

A <u>\$25.00</u> non-refundable fee is charged per family, which should be included with this registration and made payable to <u>Waukesha Catholic</u>. Please write legibly, this information is transferred to our portal.

Name							
(Last)		(Fire	(First/father)			(First/mother)	
Address			· · · · · · · · · · · · · · · · · · ·				
	(Street)			(City)			
Home phone Work Phone (mother)				Work phone (father)			
				Cell phone (fat			
Cell phone (mother)		Email (father)				
Email (mothe	er)						
*****Email	l weekly invoices	should be ser	nt:				
May we send	I program updates and	d communications	via email?	☐ Yes	🗌 No		
If yes	s, which email should	we use? 🛛 Mot	her's	☐ Father's	Both		
Children to be enrolled in the program: Name			Birthdate (include year)		Age	Grade (2023-2024)	
How often w	vill you use the progr	am?Occa	asionally	Regular	ly	Permanently for the year	
Will you be ι	using the AM and/or	PM program? _	AM	PM	Both		
Who is autho	orized to pick up you	ır child/ren? (Oth	er than cu	stodial parents/	guardians)		
(Name)				(Relationship to	the child/ren)	Phone Number	
(Name)				(Relationship to	the child/ren)	Phone Number	

Does your child/ren have special needs? Is there anything we need to know about your child/ren?

K3 & K4 Parents								
Will your child be utilizing our wrap-around program from 8:40AM-11:40PM and/or 11:40AM-3:40PM?								
	Y	′esN	lo					
If yes, please circle which days you intend for her/him to attend.								
(Please know that this is simply for planning purposes and you are not held to these days)								
You will be required to communicate your schedule weekly to indicate your exact days/times of usage.								
Monday	Tuesday	Wednesday	Thursday	Friday				