

**Waukesha Catholic
Before & After School Care Registration
2018-2019**

A **\$25.00** non-refundable fee is charged per family, which should be included with this registration and made payable to **Waukesha Catholic**.

Name _____
(Last) (First/father) (First/mother)

Address _____
(Street) (City)

Home phone _____ Work phone (father) _____

Work Phone (mother) _____ Cell phone (father) _____

Cell phone (mother) _____ Email (father) _____

Email (mother) _____

*****Email to which weekly invoices should be sent: _____

May we send program updates and communications via email? Yes No

If yes, which email should we use? Mother's Father's Both

Children to be enrolled in the program:

Name	Age	Grade (2018-19)	Campus

How often will you use the program? ____ Occasionally ____ Regularly

Will you be using the AM and/or PM program? ____ AM ____ PM ____ Both

Who is authorized to pick up your child/ren? (Other than custodial parents/guardians)

(Name) (Relationship to the child/ren)

(Name) (Relationship to the child/ren)

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?

____ Yes ____ No

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 complete a weekly planner on which you will indicate your exact days/times of usage).

Monday Tuesday Wednesday Thursday Friday