

**Waukesha Catholic  
Before & After School Care Registration  
2017-2018**

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 (2017-18) | 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