



St. Therese of Jesus  
Catholic School

## Registration for After School Program

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Special health concerns:

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I give permission for my child to participate in the indoor and outdoor activities of the St. Therese of Jesus Catholic School's After School Program. I understand that these activities are to be conducted on parish/school grounds. My child will not leave the parish/school grounds for any reason without my written consent except in cases of serious danger to the safety of my child. I understand that if my child becomes disobedient and/or uncooperative that he/she may be unable to participate. The school reserves the right to dismiss a student from After School Care.

I also understand that I am to pick my child no later than 5:00 PM and that I will be paying for the service of After School Care as outlined by faculty or staff of St. Therese of Jesus Catholic School.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_