

**St. Joseph School**  
**AfterCare Program**

**Permission/Payment Form**

AfterCare Schedule for the Week(s) of: \_\_\_\_\_

Student Name (Please Print) \_\_\_\_\_

Room # \_\_\_\_\_

List Additional Dates/Weeks Below: \_\_\_\_\_

Student Name (Please Print) \_\_\_\_\_

Room # \_\_\_\_\_

Student Name (Please Print) \_\_\_\_\_

Room # \_\_\_\_\_

	M	T	W	Th	F	Total # of Days	SubTotal
2:30 to 4:30							X \$8 (1 child) or X\$12 (2+ children)
2:30 to 5:25							X \$12 (1 child) or X\$16 (2+ children)
<b>Total Enclosed</b>							

My child/children is/are authorized to remain after school at St. Joseph School and to attend the AfterCare Program during the dates and times clearly noted above. I am aware of the AfterCare policy for late child pick-up and corresponding late charges.

**X** \_\_\_\_\_  
 Parent/Guardian Signature (Required)

[Rev 5/09]

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