

Saint Mary's Schools PreK-12

50 Richland Street

Worcester, MA 01610

Phone: (508) 753-0484 - Elementary School

Phone: (508) 753-1170 - Junior/Senior High School

www.stmarysworcester.org

ONLY COMPLETE THIS FORM IF YOU INTEND ON USING THE PROGRAM

Before School and After-School Program

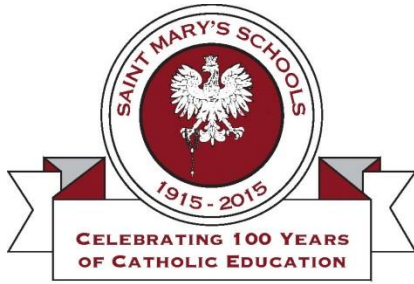
St. Mary's School offers a Before School Program and an After-School Program for Grades PreK-8. **The Before School Program will open at 6:30AM.** A light breakfast will be served at that time. Any students in grades Prek-8 dropped off prior to 7:15 must attend the Before School Program and will be charged the flat-rate of \$5.00 per day. Any students arriving after 7:15 will not be charged for the program. The after school program is open to any students in grades PreK-8. **The after-school will open at 2:15 and close at 5:45PM.** A snack will be provided for students. The flat rate for the After-School Program is \$10.00 per day and \$15.00 per half day of school. (this is more cost-effective than most after-school programs).

When picking up students, parents are to enter the elementary school doors and ring the buzzer to alert staff to open the door. On occasion, students may be outside and can be picked up from that location. Please see registration form for more information.

If you need to reach the after-school program please call 508-753-1170 ext. 17.

If you plan on having your child use this program, please complete the attached form.

Please send in registration form ASAP so that we can coordinate and plan for staffing in advance.



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2017-2018 Before School/ After School Registration Form

Name of Student _____

Address _____

Email Address _____

Grade _____

Mother's Name _____

Mother's Telephone: Home _____ Work _____ Cell _____

Father's Name _____

Father's Telephone: Home _____ Work _____ Cell _____

Name of Adult(s) Student Lives With _____

NAMES OF APPROVED FAMILY MEMBERS AND FRIENDS AUTHORIZED TO PICK UP YOUR CHILD:

1. Name _____

Telephone: Home _____ Work _____ Cell _____

2. Name _____

Telephone: Home _____ Work _____ Cell _____

3. Name _____

Telephone: Home _____ Work _____ Cell _____

4. Name _____

Telephone: Home _____ Work _____ Cell _____

EMERGENCY INFORMATION

Name of person to contact in case of emergency _____

Address: _____

Telephone: Home _____ Work _____ Cell _____

Relationship to Child _____

Alternate Emergency Contact Person _____

Address: _____

Telephone: Home _____ Work _____ Cell _____

PLEASE LIST ANY ALLERGIES OR MEDICAL CONDITIONS THAT WOULD AFFECT THE HEALTH AND SAFETY OF YOUR CHILD. PLEASE WRITE NONE IF APPLICABLE.

ALLERGIES: _____

MEDICAL CONDITIONS: _____

MEDICATIONS _____

Please circle the days you wish your child to attend. Circle Before School Program, After School Program or Both. If you child is NOT going to regularly attend please circle AS NEEDED.

BEFORE SCHOOL PROGRAM (\$5/day) START DATE _____

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY AS NEEDED

AFTER SCHOOL PROGRAM (\$10/day) START DATE _____

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY AS NEEDED

ALL DAYS MUST BE PREPAID ON A MONTHLY OR WEEKLY BASIS TO BE ELIGIBLE TO ATTEND THE BSP OR ASP. CHECKS CAN BE PAYABLE TO ST. MARY'S SCHOOLS AND BROUGHT TO THE MAIN OFFICE.