# Waukesha Catholic
## Before & After School Care Registration
## 2020-2021

**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 (2020-21)** | **Campus** |
|---|---|---|---|
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**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