

The Saints Academy
BeforeCare Program Registration

Child's name _____ Grade _____

Child's name _____ Grade _____

Child's name _____ Grade _____

Child's name _____ Grade _____

Home Address _____

Phone Number (H) _____ (C) _____ (W) _____

Mother's Name _____ phone (C) _____ (W) _____

email _____

Father's Name _____ phone (C) _____ (W) _____

email _____

***PLEASE LIST ANY MEDICAL CONCERNS OR ISSUES THAT WE SHOULD BE AWARE IN ORDER TO CARE FOR YOUR CHILD:

Please list any additional contact names and numbers in case of an emergency at the BCP

REGISTRATION FEE \$10.00 PER STUDENT

Plan you are most likely to use:

PRE PAY: _____ \$8.00/day for 1 child. \$14/day 2 kids. \$20/day for 3 kids

DROP-IN: _____ \$10/day for 1 child \$18/day 2 kids. \$25/day for 3 kids

Questions: Mrs. Barbara Barszcz or bbarszcz@saintsacademy.org

Or **PLEASE CONTACT SCHOOL OFFICE at 978-922-0048**