
MEMO



TO: St. Jude Parents interested in afterschool care
FROM: Angie Whitley
RE: Program Registration

The St. Jude Aftercare Program will begin on the first day of school. All information about the program is available in the *Family Handbook*.

Student(s) Name _____ Grade _____
Student(s) Name _____ Grade _____
Student(s) Name _____ Grade _____

Parents Name _____
Home Address _____

Home # _____ Work # _____ Cell # _____

Days of the week your children will most likely attend:
___M ___T ___W ___TH ___F ___Only on occasion

___ My child (Grade 2-8) may choose to study in the homework room until 4 PM.

Please list all persons allowed to pick your child up. Your child may only be released to persons on this list, which may only be changed with written/personal consent.

Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____

I give permission for the child listed here to participate in the aftercare program at St. Jude. We understand that we are bound by the terms given in the Family Handbook. We agree that only the individuals on this list will be sent to pick up our children. Medical and emergency information will be taken from documentation that we have provided to the school office. It is our responsibility to make sure that information is accurate and up to date.

Sign: _____ Date: _____

Families will be charged a \$10 registration fee for use of the program. A minimum \$30 deposit is required in order to begin using the program. Payments must be set up through a FACTS account (<https://online.factsmgt.com/signin/3XZLX>).