



**SAINT JOAN OF ARC SCHOOL
BEFORE/AFTER CARE PROGRAM
(BAC)
2024-2025 REGISTRATION**

FAMILY NAME: _____
 Date Paid: _____
 Amount: _____
 Check # _____ Cash: _____

Child's Name _____

****A separate form is to be fully completed for each school student in the family, one registration fee/ family**

Home Address _____

City, State _____ Zip _____ Home Phone _____

Date of Birth / / Grade for 2024-2025 _____
M D Y

Father's Name _____ Work # _____ Cell # _____

Place of Employment _____
 (Name of business and street address)

Mother's Name _____ Work # _____ Cell # _____

Place of Employment _____
 (Name of business and street address)

E-mail Address: _____
 (Address that is viewed the MOST by either parent if communication is necessary)

Marital Status of Parents: Single _____ Married _____ Separated _____ Divorced _____
 If separated or divorced, who does the child live with primarily? Mother _____ Father _____
 If there are restrictions on either parent or other adult regarding the child, please explain:

AUTHORIZATION FOR PICK-UP OF CHILD FROM SJA BAC – Give names of two reliable adults to contact, in case of emergency, if neither parent can be reached:

Name _____ Cell _____ Relationship to child _____

Name _____ Cell _____ Relationship to child _____

Circle Days of Week Needed: All days Monday Tuesday Wednesday Thursday Friday

I will be a regular participant (8+days/month) _____ I will be an occasional participant _____

Before and After Care _____ After Care Only _____ Before Care Only _____

\$25 FEE MUST ACCOMPANY THIS FORM. THANK YOU!