St. Helen Catholic School 2347 W. Augusta Blvd.

*A World of Opportunities for Your Child* Chicago, IL 60622

 773-486-1055 phone and fax

 [www.sthelenchicago.org](http://www.sthelenchicago.org)

**Morning and Afternoon After-Care**

**Registration**

**Please Print**

**Family Name**

**Child’s Name/Grade**

**Mother’s Name Phone (Best Contact)**

**Father’s Name Phone (Best Contact)**

**Address Zip**

**Home Phone**

**Work Phone**

**Children will be released from the After-Care Program only to those people whom you have authorized. Please list below the names of people other than the parents authorized to pick up your child(ren).**

**Name Relationship**

**Name Relationship**

**Name Relationship**

**Name Relationship**

**Emergency Numbers**

Please list adults (18 years or older) empowered to make decisions regarding your child(ren) in the case of an emergency when you cannot be contacted. They must be available and the listed telephone number between the hours of 3:00-6:00p.m.

**Name Phone**

**Name Phone**

**Name Phone**

**Please indicate the services that you will be using.**

 **Morning (7:00-7:45) Afternoon(3:00-6:00)**

**Monthly payment is not expected for August as the days are calculated into the September payment. Monthly payment is expected each month. Accounts in arrears will jeopardize your child’s continued acceptance in the program.**