

AFTERCARE REGISTRATION 2025-2026

DIRECTIONS

1. Complete this form
2. Print off St. Jude Aftercare Program Guideline page from website (www.sjsindy.org/resources) and sign
3. Return both forms to school with your student
4. Registration fee of \$15.00 **per family** will be assessed the first day your student/students attends aftercare

CHILDREN'S NAMES:

_____ (First and Last)	_____ GRADE	_____ RM#	_____ TEACHER
_____ (First and Last)	_____ GRADE	_____ RM#	_____ TEACHER
_____ (First and Last)	_____ GRADE	_____ RM#	_____ TEACHER
_____ (First and Last)	_____ GRADE	_____ RM#	_____ TEACHER

PARENTS/GUARDIANS NAMES:

MOTHER _____ FATHER _____

GUARDIAN _____

PLACE OF EMPLOYMENT:

Mother:	Father:
_____ Employment	_____ Employment
_____ Work Address	_____ Work Address
_____ Work Phone	_____ Work Phone
_____ Cell Phone	_____ Cell Phone
Home Address _____	
Telephone _____	
E-mail Address _____	

FORM CONTINUES ON BACK PAGE

Allergies: _____

MEDICAL RESTRICTIONS OR PROBLEMS WE SHOULD BE AWARE OF _____

MEDICATION:

IF YOUR CHILD IS TO TAKE MEDICATION A NOTE MUST BE SENT FOR EACH SPECIFIC DATE AND TIME. REMEMBER-THE SCHOOL OFFICE CLOSSES AT 3:30PM SO MEDICATION LEFT IN THE OFFICE CANNOT BE OBTAINED BY STAFF IF LEFT BY STUDENT BEFORE REPORTING TO AFTER SCHOOL PROGRAM.

PHYSICIAN'S NAME _____ ADDRESS _____

PHONE# _____ HOSPITAL PREFERENCE _____

PERSONS TO CONTACT IN AN EMERGENCY – PICK UP AUTHORIZATION

NAME

PHONE RELATIONSHIP

AUTHORIZED TO PICK UP YES _____

NO _____

NAME

PHONE RELATIONSHIP

AUTHORIZED TO PICK UP YES _____

NO _____

NAME

PHONE RELATIONSHIP

AUTHORIZED TO PICK UP YES _____

NO _____

NAME

PHONE RELATIONSHIP

AUTHORIZED TO PICK UP YES _____

NO _____

NAME

PHONE RELATIONSHIP

AUTHORIZED TO PICK UP YES _____

NO _____

PROGRAM ENDS AT 5:45PM

IF YOUR CHILD IS NOT PICKED UP BY 5:45PM, ONE OF THE ABOVE
PEOPLE WILL BE CONTACTED AND A LATE FEE ASSESSED ACCORDING TO THE

ST. JUDE AFTERCARE PROGRAM GUIDELINES