



**ST. AMBROSE ACADEMY**  
**Before and after School Program**  
**Registration Form 2022 – 2023**

**Please list the name(s) of students(s) that will participate in the before/after care program:**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

To guaranty that we have sufficient supervision, please indicate which days care will be needed and the approximate time of drop off/pickup. **PLEASE INDICATE WHEN BEFORE/AFTER SCHOOL CARE WILL BE REQUIRED** (CIRCLE DAYS ATTENDING AND INDICATE APPROXIMATE DROP-OFF/PICK-UP TIMES). Any additional time used will be billed in the following month. **We cannot accept forms without committed dates and times.**

**BEFORE SCHOOL**  
**DROP-OFF TIME:**

	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
	_____	_____	_____	_____	_____

**AFTER SCHOOL**  
**PICK-UP TIME:**

	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
	_____	_____	_____	_____	_____

**Note: BASC will be billed monthly, in advance, for all times committed to above.** Please let us know in advance, for any changes to times committed in order to ensure adequate staffing. No credits will be issued retroactively.

Failure to pay by the 5<sup>th</sup> of the month will result in a \$20.00 late fee. If the bill is left unpaid by the 15<sup>th</sup> of the following month, children will not be able to attend the program until payment is made in full. St. Ambrose Academy reserves the right to charge a late fee of \$2 per minute for pick up after 5:30 pm.

**The following people are authorized to drop off/pick up my child(ren):**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

**I have read and agree to the Enrollment and Payment Policy of the St. Ambrose Academy Before and After School Care Program and the Tuition Collection Policies. I understand that if arrangements change, I will send written notification to the BASC Director. I have also enclosed the \$40.00, non-refundable, registration fee with a check or money order made payable to: St. Ambrose Academy.**

\_\_\_\_\_  
 Parent /Guardian Signature & Financially Responsible Party

For Office Use Only: Registration fee information			
Date paid _____	Amount _____	Cash _____	Check # _____