



ST. AMBROSE ACADEMY Start Date _____
Kindergarten – Grade 5 Before and After School Program
Registration Form 2025 – 2026 Bussing _____

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.**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<u>BEFORE SCHOOL</u>					
DROP-OFF TIME:	_____	_____	_____	_____	_____
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<u>AFTER SCHOOL</u>					
PICK-UP TIME:	_____	_____	_____	_____	_____

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 5th of the month will result in a \$20.00 late fee. If the bill is left unpaid by the 15th 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 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 # _____