2025 - 2026 Before/Aftercare Registration Form.

The Before/Aftercare Program will begin on Wednesday, September 3, 2025. Please fill out the registration form if your child will be attending Before / Aftercare on a weekly basis. Registration forms must be sent in to the school office prior to your child attending the program. If your child will only be attending occasionally, please send in an Aftercare note with your child on the day they will be attending. Please use the Aftercare note provided in the aftercare link.

Students Enrolled in Aftercare

Once you have enrolled in the program, you will only need to provide a note to your child's teacher and aftercare staff if your child <u>will not</u> be attending aftercare on their scheduled day.

Please use the Aftercare note provided in the aftercare link.

Students Attending Occasionally

Those parents utilizing the aftercare program **occasionally**, must send in a note <u>only</u> on the day your child will be attending the program. Please use the Aftercare note provided in the aftercare link.

Do not fill out a registration form for Before and Aftercare if your child will not be coming on a weekly basis.

Before/Aftercare Fee

There is a \$5.00 flat rate fee (NOT PRO-RATED) per hour per child for both Before and Aftercare. A payment notice will be sent home with your child on Thursdays for the previous week's attendance. Payments must be received by the following Tuesday. Repeated failure to pay by the due date will result in the suspension of utilizing the program. In the event your child does not bring home their payment notice, please contact Mrs. Tobia at jtobia@stdomschool.org

Before Care - PreK 4 – 8 th Grade (6:45 AM – student bell)						
Monday	Tuesday	Wednesday	Thursday	Friday		
<u>After Care-</u> PreK 4 – 8 th Grade (dismissal - 6:00 PM)						
Monday	Tuesday	Wednesday	Thursday	Friday		
Family Information						
Family's Last Name						
Student's	First Name			Homeroom		
Student's First Name Homeroom						
Student's First Name Homeroom						
Mother's	Last Name _			First		
					Work #	
Email Address						
Father's L	ast Name _			First		
Home Pho	one #		Cell #		_Work #	

Please circle the days your child will be attending.

Email Address _____

Release Information

Please list three (3) additional adults (over 18) authorized to pick up your child/children from the program. In an emergency, we will always try to contact the parents listed on the page first. If we cannot reach the child's parents, the individuals below will be called in the order listed.

1. Name	Phone#	
2. Name	Phone#	
3. Name	Phone#	
A nurse will not be availa	able during the before and after s	chool program. Medication may not be
given by staff, including	inhalers.	
Does your child have any	medical conditions? Describe_	
Does your child have any	food/medical allergies? Describ	e
Authorizations		
I understand that my/our	signatures represent that I/we ag	ree to abide by the policies and
procedures in the St Dom	ninic School 2025 – 2026 Parent	Handbook and accept financial
responsibility for service	s rendered. We agree to inform the	he Before/After Care Staff in writing of
any changes in the inform	nation we have provided on this	registration form and any changes to
our child's schedule.		
Signature of Parent / Gua	rdian	Date
Print name of Parent / Gu	uardian	
Signature of Parent / Gua	ırdian	Date
Print name of Parent / Gu	uardian	