

Attn: Give to Lori Smither or Kim Ballantyne

**Preschool Aftercare Application Form
2017-2018**



**GOOD SHEPHERD
CATHOLIC SCHOOL**

FAITH • EDUCATION • SERVICE • RESPECT

Name _____ **Age** _____

Parent /Guardian _____

Phone numbers where you may be reached during the hours of 2:15 p.m. - 5:30 p.m.

**Mother/ Father/
Guardian** _____ **Guardian** _____

Work# _____ **Work#** _____

Cell# _____ **Cell#** _____

Email: _____ **Email:** _____

Who may pick up your child? _____

Does your child have any allergies? _____

Days child will attend After Care Program _____

What time do you expect to pick up your child in the afternoon? _____

Application Fee: \$30

Payment of \$60 a week or \$20 per day for drop-in is charged to your account.