



Saint Patrick's School

3560 Richmond Road
Staten Island, New York 10306
718-979-8815

Msgr. Jeffrey P. Conway, Pastor
Mr. Vincent Sadowski, Principal

REGISTRATION FOR AFTER CARE PROGRAM

Mr. Vincent Sadowski, Principal - Mrs. Camille Graci, Coordinator

The following required forms and fees must be submitted to the school office in order to be registered in the After-Care Program.

1. Emergency form
2. Annual \$20.00 per family registration fee.
3. This form with your signature.

ALL PAYMENTS ARE NON-REFUNDABLE

Fill in all of the information that applies:

- Student's Name: _____ Class: _____
- Student's Name _____ Class: _____
- Student's Name _____ Class: _____

I will need the program: (Please check)

- Until: 3:30 p.m. _____
- Until: 5:30 p.m. _____

In case of emergency, please phone the school office.

I understand that it is important to adhere to the time set for the program, therefore, I agree to pick up my child(ren) on time. Daily snacks/ lunch will be brought from home. I also realize that failure to comply with the above regulations may result in my becoming ineligible to participate in the program.

Please note: Expect each month's calendar on the third Monday of the month. Please return the calendar with payment as soon as possible.

Parent Signature: _____ Date: _____

Thank you for your cooperation.

Sincerely,

Mr. Vincent Sadowski

Mr. Vincent Sadowski
Principal



Student's Last Name	First	Date of Birth	Class
Mother/Guardian	Address	Cell Phone #	Home #
Business Name	Business Phone #	E-Mail Address	
Father	Address	Cell Phone #	Home #
Business Name	Business Phone #	E-Mail Address	
Emergency Contacts (Other than Parents)			
NAME	RELATIONSHIP	Cell Phone #	Home #
NAME	RELATIONSHIP	Cell Phone #	Home #
NAME	RELATIONSHIP	Cell Phone #	Home #
NAME	RELATIONSHIP	Cell Phone #	Home #
DOCTOR	ADDRESS	Telephone #	
If none of the above persons can be contacted, what do you wish the school to do if the child is sick or injured?			
Please mention any medical condition school personnel should be aware of (i.e. asthma, allergies, etc.) and any medication being taken for the condition.			

PARENT SIGNATURE _____

DATE _____

BUS STOP _____