



SAINT GABRIEL CATHOLIC SCHOOL
4500 South Wallace Street; Chicago, IL 60609
Office: 773.268.6636 FAX: 773.268.2501 www.stgabrielchicago.com

FAMILY REGISTRATION FORM – 2023 - 2024
Before and After School Care Program

Please print last name(s) of student(s) _____

Hours of Operation on Regular School Days:

After School Care: 3:00 pm. – 6:00 pm (\$6.00 per hour)
If a child is picked up after 6:00 pm there will be a charge of \$1.00 for every minute.

Check one:

- Before School Care (Circle one: Daily As needed only)**
- Pre-K to 6 After School Care (Circle one: Daily As needed only)**

STUDENT INFORMATION #1

Name Birth Date Grade

List Known Allergies/ Medication

STUDENT INFORMATION #2

Name Birth Date Grade

List Known Allergies/Medication

STUDENT INFORMATION #3

Name Birth Date Grade

List Known Allergies/Medication

OVER

PRIMARY CONTACT INFORMATION (NOTE: This will be the first person contacted in an emergency.)

Last Name First Name Relationship

Home Phone Cell Phone Employer Name Work Phone Ext.

SECONDARY CONTACT INFORMATION (NOTE: Second person to be contacted in an emergency.)

Last Name First Name Relationship

Home Phone Cell Phone Employer Name Work Phone Ext.

LIST OTHER PERSONS AUTHORIZED TO PICK UP CHILD(REN)

Last Name First Name Home Phone Cell Phone

IMPORTANT BILLING INFORMATION

Billing will be sent home every two weeks. Payments are due upon receipt of the bill. Families who become more than two (2) weeks past due will not be allowed to have their children in the program until all charges have been satisfied.

I understand that After School Care bills must be paid on time.

Parent Signature _____ **Date** _____