



SAINT GABRIEL CATHOLIC SCHOOL  
4500 South Wallace Street; Chicago, IL 60609  
Office: 773.268.6636 FAX: 773.268.2501 [www.stgabrielchicago.com](http://www.stgabrielchicago.com)

**FAMILY REGISTRATION FORM – 2024 - 2025**  
**Before and After School Care Program**

Please print last name(s) of student(s) \_\_\_\_\_

Hours of Operation on Regular School Days:

**After School Care: 2:45 pm. – 6:00 pm**  
**(\$7.00 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.)
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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.)
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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
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**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 \_\_\_\_\_