



St. Genevieve Catholic School

"Where Everybody Is Somebody"

BEFORE AND AFTER CARE APPLICATION

Family Name: _____

Name of Student 1: _____

Grade: _____

Name of Student 2: _____

Grade: _____

Mother/Legal Guardian's Name: _____ Cell Phone: _____

Address: _____

Home Phone: _____ Work Phone: _____

Place of Work: _____

Father/Legal Guardian's Name: _____ Cell Phone: _____

Address: _____

Home Phone: _____ Work Phone: _____

Place of Work: _____

EMERGENCY CONTACTS

Emergency Contact 1: _____

Relationship: _____

Address: _____

Phone Number: _____

Emergency Contact 2: _____

Relationship: _____

Address: _____

Phone Number: _____

IMPORTANT - Children will be released only to the parent unless a written request is received. Please be sure all information is correct. Fees are payable weekly on an hourly basis of a rate of \$7.00 an hour or any part of the hour. Morning Care hours are from 7:10 A.M. – 8:10 A.M. and Aftercare hours are from 3:10 P.M. – 6:00 P.M.

Parent/Guardian Signature

Date

209 Princeton Road, Elizabeth, New Jersey 07208 | (908) 355-3355 | Fax: (908) 355-1460

Website: www.saintgenevieveschool.com

Email: registration@saintgenevieveschool.com