

Epiphany Aftercare Program Registration Form

Hours of Operation: Noon to 5pm during Vacation Bible School Week Only
Registration: Only those children pre-registered in the Epiphany Aftercare will be admitted.
Rates: Rates for the Week \$45/1 child ●\$55/2children ●\$65/3children
Payment Due With Registration Checks payable to "Epiphany Cathedral"
Late Pickup Fee: Begins at 5:30pm, \$10 late fee for every 15 minutes.

Date: _____

1st Child's Name _____ Grade _____

2nd Child's Name _____ Grade _____

3rd Child's Name _____ Grade _____ Password: _____

Parent's Names _____

Address _____ City _____ State FL Zip _____

Home Phone _____ Cell Phone _____

1st Work Phone _____ Indicate: Father's, Mother's, Other _____

2nd Work Phone _____ Indicate: Father's, Mother's, Other _____

Other Telephone/cell phone/pager where you may be reached _____

Indicate any special **health information:** _____

●List the following information of persons who are authorized by you to pick up your child. For safety reasons anyone authorized to pick up (including parents) will need to know the password:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Discipline: Children who must be excluded from activities during the Aftercare Program due to inappropriate behavior on may be excluded from the program. Parents will be notified.

I have read and have understood all of the above information concerning the Aftercare Program and I will support it. I will be responsible for all fees to be paid in advance. Register my child.

Parent's/ Primary Caregiver's Signature/s: _____ Date _____

Print your name here as well. Thank you. _____ Relationship _____

You may copy this form

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