

# 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 \$50/1 child ●\$65/2children ●\$75/3children  
**Payment Due With Registration** Checks payable to "Epiphany Cathedral"  
**Late Pickup Fee:** Begins at 5:30pm, \$10 late fee for every 15 minutes.

Date: \_\_\_\_\_

1<sup>st</sup> Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

2<sup>nd</sup> Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

3<sup>rd</sup> Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Password: \_\_\_\_\_

Parent's Names \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State FL Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

1<sup>st</sup> Work Phone \_\_\_\_\_ Indicate: Father's, Mother's, Other \_\_\_\_\_

2<sup>nd</sup> 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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