

INSTRUCTIONS TO PARENT/GUARDIAN:

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: _____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

COMMENTS: _____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

Name of Health Practitioner

Date

Signature of Health Practitioner

(_____)_____
Telephone Number

Saint Andrew Aftercare

11602 Kemp Mill Road
 Silver Spring, MD 20902
 301-649-3144
 kathy.mccaw@standrewapostle.org
 Tax #52-0732612

Registration Form for Academic Year 2021-2022

Family Name: _____

Children's Information

Please check the days student will attend (if applicable).

Child's Name	Grade (as of 8/21)	Plan*	Monday	Tuesday	Wednesday	Thursday	Friday

Parent Information

Mother's Information	Father's Information
Name:	Name:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Home Phone:	Home Phone:
Email:	Email:

Please choose the rate that is best for you. This will be a fixed rate that may be changed monthly under the condition that Aftercare is notified before the first of the month**. You are billed by the school calendar and only charged for the days school is in session, this does not include weather related closings and absences.

Plan	Description	Rate
1	3:00 pm – 6:00 pm Session – Full Week	\$95.00 per week
2	3:00 pm – 6:00 pm Daily – Indicate Days Above	\$25.00 per day
3	3:00 pm – 6:00 pm – Drop-In or Fraction Thereof	\$30.00 per day

DROP-IN MORNING CARE: 7:00 am - \$5.00 daily. Morning Care is available to all St. Andrew students and may be used without a registration form.

There is a \$50.00 non-refundable registration fee (per family) required with this form.
 Rates are subject to change.

For Office Use Only

Check #:	Date:	Emergency Card:
Health Letter Sent:		Health Form:

*Select an option from the table below

**If the first of the month falls in the middle of a pay period, the changes will be applied to the following pay period.