St. Margaret School After Care Program Registration Form 2026-2027 School Year

(Please fill out one form per child.)

Please return this form with the **$20.00 (PER FAMILY per year) Registration Fee- (payable to St. Margaret's After Care)**
Via mail or thru your child to: St. Margaret Regional School 773 Third Street Woodbury Hts., NJ 08097

TIME OF PICK UP: _____ (approximate) **Please Circle Days Child Will Be Attending:** **M T W TH F**

If attendance varies, 24 Hours Notice MUST be given to staff appropriately- thank you!

Attending Most Half Days: Yes___ No___ Do you want your child to work on their homework while at After Care? Yes___ No___

***Child Information* (one per child*) Name:* _____ *Grade/Class: (ex 2A, 6B)* _____**

Home Address: _____

Allergies of Child: _____

Medications: _____

PARENT INFORMATION

Email Address*:* _____

Mother's Name_____

Address: If different from above_____

Home Phone:_____Work Phone:_____Cell Phone:_____

Father's Name: _____

Address: If different from above: _____

Home Phone:_____Work Phone:_____Cell Phone:_____

Emergency Contact Information*: (must be within 15 minutes of the school and able to pick up the child)

Name: _____ Phone Number:_____

Name or Person(s) that the child is allowed to leave with OTHER THAN PARENTS : (continue on back if necessary)

Name: _____ Phone Number:_____

Name: _____ Phone Number:_____

****You must have an emergency contact who is able to pick up the child(ren) within 15 minutes. Thank you.****