

# Blessed Sacrament School



an Aquinas Catholic School

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2404 King St. La Crosse, WI 54601 (608)782-5564

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This institution is an equal opportunity provider.

## 2022-2023 After School Care Programs

Blessed Sacrament School will continue to provide our school families with an After School Child Care Program for the 2022-2023 school year. The After School Care program is available to all school families. Information about these programs is below. Please review the information carefully.

### After School Care Program

#### After School Care

**Hours:** 3:00 to 5:30 p.m.

**Cost:** Please see the schedule below.

<u>No. of Children</u>	<u>Pick-up Time</u>		
	<b>Before 4:00 p.m.</b>	<b>Before 5:00 p.m.</b>	<b>Before 5:30 p.m.</b>
1	\$5.50	\$7.50	\$9.50
2	\$7.50	\$12.50	\$15.75
3	\$9.50	\$16.75	\$20.75
4	\$11.50	\$20.75	\$22.75

Late fee: \$10.25 per child for each 15 minutes (or part thereof) after 5:30 p.m.

School supervision in the After School Care programs will begin on the first day of school, Wednesday, August 24, 2022. Please complete the registration form and return it to the office. Please contact our school office, (608) 782-5564 or [officeBBS@aquinasschools.org](mailto:officeBBS@aquinasschools.org) if you need additional information about these programs.

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## Child Care Program 2022-2023 Registration Form

**Family Last Name:** \_\_\_\_\_

Planned Schedule of Attendance: Please list days and hours. Drop-in parents, please indicate days your child(ren) will likely attend.

### After School Care

Hours/Days	Monday	Tuesday	Wednesday	Thursday	Friday
3:00-4:00 p.m.					
3:00-5:00 p.m.					
3:00 – 5:30 p.m.					

Parent(s) or Guardian(s) with whom the child/children reside:

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother Cell: \_\_\_\_\_ Father Cell: \_\_\_\_\_

Mother/Guardian Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father/Guardian Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

People authorized to pick up my child/children (Check types of events):

Name	Relationship	Telephone #	Routine	Emergency Issue	Sports Events

Emergency Care (if parent is not available, and a serious accident or illness occurs):

**Please complete both sides of this form.**

	Clinic	Hospital	Doctor	Dentist
Contact Name				
Phone #				

Allergies or other medical issues that Child Care Program Staff should be aware of:

Child's Name	Food Allergies	Other Allergies	Medication	Other Medical Concerns

Parents have legal responsibility for medical expenses incurred on behalf of their child/children. Parents are to notify the school office whenever any of the above information changes.

Person Responsible for Child Care Payments: \_\_\_\_\_

I have read the registration form and provided accurate information.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete both sides of this form.**