



BEFORE/AFTER-SCHOOL PROCEDURE

Date: _____

Student's name: _____

Parent's name: _____

Please check the box that pertains to your child:

I will personally pick up my child each day in the carpool line.

My child will carpool with:

My child will drive to and from school each day.

My child will attend the ST. ANTHONY BEFORE/AFTER-SCHOOL PROGRAM.

Please specify: (See Parent Handbook for fees.)

___ WILL ATTEND BEFORE-CARE DAILY

___ WILL ATTEND AFTER-CARE DAILY

___ THE FOLLOWING DAYS ONLY: Mon ___ Tues ___ Wed ___ Thurs ___ Friday ___

Child Care Center pick up:

Name of Center _____

PLEASE NOTIFY THE ABOVE CENTER OF ANY CHANGES IN YOUR CHILD'S SCHEDULE (such as HOLIDAYS, ILLNESS, ETC.)

Additional information: _____

PLEASE NOTE: All students must have this form on file in the school office.
If there are changes throughout the year, please notify the school office IN WRITING.