



St. John the Baptist School
111 West Main St., Vermillion, MN 55085
(651) 437-2644 Fax (651) 437-9006

BEFORE AND AFTER CHILD CARE PROGRAM

2106-2017

CHILD INFORMATION

Child's First Name _____ Middle Name _____ Last Name _____

Child's Address _____ City _____ Zip _____

Date Of Birth _____ Age _____ Grade _____

List any existing medical conditions, medications, and/or special attention your child may require?

Allergies _____

Pediatrician's Name _____ Phone _____
Address _____ City _____
Zip _____

Days of the Week your child will be attending:

Before School M T W Th F (7:00-8:45 AM - \$7.00 per day, per child)

After School M T W Th F (3:30-5:30 PM - \$8.00 per day, per child)

EMERGENCY CONTACTS AND AUTHORIZED PICK UP PERSONS:

Name _____ Home Phone _____ Cell _____

Relationship to my child _____ () Able to pick up all family members () Not able to pick up the following child/children _____

Name _____ Home Phone _____
Cell _____

Relationship to my child _____ () Able to pick up all family members () Not able to



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Pick up the following child/children

ADDITIONAL COMMENTS AND INFORMATION

Is there any other information that would be helpful to our administration or teachers: