Students to participate in the All Saints School after care program (Wildcat Den) for the 2021-2022 school year:

Name of Student		<u>Birthdate</u>	<u>Grade in 2021-2022</u>	
_	<b>Fee</b> : \$40/student			
Number of P	Passes Requested:			
	es:			
	Number of Children	Hours/Pass	Rate	
	One Child	20 hour pass	\$80.00	
	Two Children	20 hour pass	\$140.00	
	Three + Children	20 hour pass	\$215.00	
Pho	Contacted In Case of Emerger	ted ):		
	ail during daytime hours:			
	son for emergency:			
	ne number (Cell phone reques			
	ail during daytime hours:			
	above persons cannot be cont for the student (e.g., call 911).	acted in case of emergen	cy, the school will take the ac	ction it deems
minutes) will	e operates from 2:05 pm - 5:30 I be charged for children picked aid directly to the school			· · · · · · · · · · · · · · · · · · ·
Signature of	parent or guardian:			
Print name o	of parent or guardian:			
Contact infor	rmation for parent of guardian:	·		