



ST. CECILIA
Early Childhood Learning Center

St. Cecilia Aftercare Registration Form 2025-2026

Please return a separate completed form & a non-refundable registration fee of \$25 for each child to the School Office or Early Childhood Learning Center.

Questions? Please contact Kim Murphy at 859-363-2304 or kmurphy@stcindependence.org

Child's Name: _____

Age: _____ Grade: _____ Date of Birth: _____ Gender: _____

Allergies or Medical Needs: _____

CONTACT INFORMATION:

Mother's Name:	Father's Name:
Address:	Address:
Home Phone Number:	Home Phone Number:
Cell Phone:	Cell Phone:
Email Address:	Email Address:
Work Phone Number:	Work Phone Number:

EMERGENCY CONTACT **Someone other than parent or legal guardian**

Emergency Contact Person: _____ Phone Number: _____

Child's Doctor: _____ Phone Number: _____

In your absence, do we have permission to seek medical care for your child including sending your child to the hospital, should that be necessary? **YES NO**

If yes, which hospital? _____

What will your children's typical schedule be?	Hours needed (ex. 2:30-5:00pm)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Is there anything else we should know about your child's schedule?

EMERGENCY CONTACTS

If a parent cannot be reached, the emergency contact (above) and those listed below will be used to pick your child up from school and/or contact for an illness, emergency, or early dismissal.

Please note that we cannot release your child to anyone that is not listed on this emergency contact list. Please show below all who are allowed to pick up your child.

Name:	Phone Number:

Please acknowledge your understanding of the following by initialing on the line:

I understand that families with any outstanding balances from previous school years will not be considered for our program. Please contact kmurphy@stcindependence.org if you need to set up a payment plan.

I attest that I have read the St. Cecilia Aftercare Handbook and agree that my family will abide by all the rules, regulations, and policies of St. Cecilia School contained in the handbook.

I understand that my child will be dismissed from the program if I fail to make regular payments.

I, as legal parent/guardian, hereby state that the information contained on this form is accurate to the best of my knowledge. I authorize St. Cecilia Early Childhood Learning Center to share pertinent medical information with school staff, volunteers or emergency personnel and to seek medical care/assistance for my child in an emergency.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Legal Guardian's Signature: _____ Date: _____