



Late Leavers Registration

- Please circle -

Student: _____	Grade: _____	Academy - Berchmans
Student: _____	Grade: _____	Academy - Berchmans
Student: _____	Grade: _____	Academy - Berchmans
Student: _____	Grade: _____	Academy - Berchmans

Please choose a Late Leavers schedule:

<input type="checkbox"/> 5 days a week	Individualized scheduling on the following days:
<input type="checkbox"/> Emergency use only	<input type="checkbox"/> Monday
	<input type="checkbox"/> Tuesday
	<input type="checkbox"/> Wednesday
	<input type="checkbox"/> Thursday
	<input type="checkbox"/> Friday

Person(s) given permission to pick up my child (children):

_____	Driver's License #: _____
_____	Driver's License #: _____

I have read the **Late Leavers** information sheets and understand that all policies as stated in the Parent/Student Handbook of the **Academy of the Sacred Heart** and **Berchmans Academy** apply to this program.

I understand the fees involved in this program and that payment is due each month. I understand that my child must be picked up only by an authorized parent/guardian or designated adult, and that my child must be picked up in the designated area and by the designated closing time.

PARENT SIGNATURE: _____ DATE: _____

PARENT NAME (please print): _____

Rates: Daily: \$10.00