ST. JOHN'S SCHOOL
GUAM, USA

After-School Care Program Registration Form
School Year 2025–2026 | First Semester

Student's Name: _____ **Grade:**_____

St. John's School offers after-school care for students in **PreK3 through Grade 5** providing a safe, supportive, and enriching environment for your child after regular school hours from **4:00 – 5:30 PM (Monday-Friday, during school days).**

_____Yes, I would like to register my child. Please charge my account.

☐ Monthly rate per child	$270	Months of _____
☐ Weekly rate per child	$ 80	Week(s) of _____
☐ Daily rate per child	$ 20	Day(s) _____

Note: Late Pick-Up Fee $2 per minute (after 5:30 PM)

Parent/Guardian Contact Information

Name: _____

Home #: _____ Work #: _____ Cell. #:_____

Email Address: _____

Emergency Contact: _____
Name Phone #

Student Release Consent

I hereby give permission for St. John's School to release my child to the following individuals. I understand that I must notify the School of any subsequent changes.

Name: _____

Contact #: _____ Relationship: _____

Name: _____

Contact #: _____ Relationship: _____

_____ _____
Parent's/ Guardian Signature Date