

Saint Matthew School
School Phone: 860-583-5214

Guardian Angel Program (GAP)
GAP phone: 860-216-7578
Email: ebaldino@stmatthewct.eduk12.net



33 Welch Drive
Forestville, CT 06010



GAP After School Care Registration Form 2019-2020

GAP After School Care is available to all registered students of Saint Matthew School. GAP starts immediately after school and ends at 5:30pm. To ensure the safety of your child/children through a socially-interactive, child-centered environment, three/four adults provide care. The required fees are the sole support of this program. It is not subsidized by the school.

STUDENT INFORMATION:

Childs' Last Name _____ First Name _____ Middle Name _____

Entering Grade _____ Age: _____ Birthday: _____

Child/Children resides with (please circle):

Both parents Mother Father Other: _____
Name & Relationship

MEDICAL PROBLEMS OR ALLERGIES:

Physician: _____ Physician's Phone Number: _____

MOTHER/GUARDIAN INFORMATION:

Mother's Last Name _____ First Name _____ Middle Initial _____

Address: _____
Street _____ City/State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Employer: _____ Occupation: _____

Employer address: _____

FATHER/GUARDIAN INFORMATION:

Father's Last Name _____ First Name _____ Middle Initial _____

Address: _____

Street _____ City/State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Employer: _____ Occupation: _____

Employer address: _____

ANTICIPATED USAGE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
2:30 – 3:00					
3:00 – 3:30					
3:30 – 4:00					
4:00 – 4:30					
4:30 – 5:00					
5:00 – 5:30					

AUTHORIZED PICK-UP

For safety purposes, only the adults listed below and the Father/Guardian and Mother/Guardian may pick up your child from GAP. If there are changes to this information, please notify the GAP Director. Only a signed note indicating another adult is allowed to pick up your child will be accepted.

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

I agree to abide by all the rules of the GAP After School Care Program as stated in the handbook. I understand that the GAP fees are separate from my tuition and that as a registered parent of Saint Matthew School, I may have my child take advantage of the GAP After School Care Program as long as this paperwork is completed and returned to the GAP Director.

PARENT/GUARDIAN: _____

SIGNATURE: _____ **DATE:** _____

