

## Registration Form 2022-2023

Click the link to fill out digitally – [CLICK HERE](#)

Or, Email application to – [stjohnHUB@bbtel.com](mailto:stjohnHUB@bbtel.com)

Or, Mail application to:

St John the Apostle Church  
Attn: The HUB  
515 Broadway  
Brandenburg, KY 40108

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**PROGRAM OBJECTIVE:** To provide a fellowship and catechesis for children in the hours after school while in a safe, structured, and supervised environment. Children in grades K-6 are eligible to register for the program.

**REGISTRATION:** Registration is underway! Please complete the parental consent/medical information form as part of the registration process. A waiting list will be maintained once the program has filled.

**SCHEDULE:** The program is held Monday through Friday with the exception of holidays and any day Meade County Schools are not in session.

**HOURS OF OPERATION:** School dismissal until 6 p.m. A late pick-up fee of \$5 for each 5 minutes late will be assessed to parents that pick-up participants after 6 p.m.

**LOCATION:** The primary location for the program is the St John the Apostle Campus/Gym.

**PROGRAM FORMAT:** Weekly activities, catechesis and homework time. There is snack time at the beginning of each afternoon when the children first arrive from school. Snacks are provided.

**NON-ATTENDANCE:** Please notify us via email prior to school dismissal if your child will not be attending the program that day.

**PICK-UP PROCEDURE:** Only parents and those authorized by parents in writing at the time of registration, are allowed to pick up children. Parents may designate additional escorts by submitting written authorization or emailing on the given day to the HUB Director as necessary.

These procedures will be strictly enforced. Parents/guardians also must notify the HUB Director when their child will be absent.

**MEDICATION/ILLNESS/INJURY:** Medication will only be dispensed with written consent and instructions from the parent. Any program participant that becomes ill during the program will need to be picked up immediately. In the event of injury, staff will perform the appropriate first aid measures including calling 911 and arranging transportation to the hospital if necessary.

**STUDENT CONDUCT:** All students enrolled are expected to show respect, follow the rules of the program, and display acceptable behavior. The HUB Director will notify parents of inappropriate behavior. If gross misbehavior or a repeated violation of the rules occurs, parents will be required to withdraw their child from the program.

**TRANSPORTATION TO PROGRAM:** Students who attend Barry Hahn or DTW – transportation provided through Meade County Schools.

**QUESTIONS:** Email [stjohnHUB@bbtel.com](mailto:stjohnHUB@bbtel.com)

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**FEE STRUCTURE:** The fee structure is as follows (based on 33 weeks of school):

- Yearly Fee - \$1,815 per single child - The \$100 enrollment fee is waived - BEST DEAL
- Yearly Fee - \$3,300 for 2 children - The \$100 enrollment fee is waived - BEST DEAL
- Yearly Fee - \$4,455 for 3 children - The \$100 enrollment fee is waived - BEST DEAL
- Monthly Fee - \$214.50 per single child (\$2,145 per year + \$100 EF = \$2,245)
- Monthly Fee - \$396 for 2 children (\$3,960 per year + \$100 EF = \$4,060)
- Monthly Fee - \$544.50 for 3 children (\$ 5,445 per year + \$100 EF = \$5,545)
- Weekly - \$75 per single child (\$2,475 per year + \$100 EF = \$2,575)
- Weekly - \$140 (or \$70 ea) per 2 children (\$4,620 per year + \$100 EF = \$4,720)
- Weekly - \$195 (or \$65 ea) per 3 children (\$6,435 per year + \$100 EF = \$6,535)

**Student 1 Information\***

First Name	
Last Name	
Grade Attending	
School Attending	
Birthday	
Home Phone	
Street Address	
City, State, Zip	

**Student 2 Information**

First Name	
Last Name	
Grade Attending	
School Attending	
Birthday	
Home Phone	
Street Address	
City, State, Zip	

**Student 3 Information**

First Name	
Last Name	
Grade Attending	
School Attending	
Birthday	
Home Phone	
Street Address	
City, State, Zip	

**Parent/Guardian 1 Information\***

First Name	
Last Name	
Email	
Mobile/Cell #	
Home #	
Work #	
Street Address	
City, State, Zip	

**Parent/Guardian 2 Information**

First Name	
Last Name	
Email	
Mobile/Cell #	
Home #	
Work #	
Street Address	
City, State, Zip	

**Other Information\***

Healthcare #	
Doctor's Name	
Doctors Phone #	
Does your child/children have any allergies?	
Does your child/children have any medical conditions?	
Does your child/children require any medication? If yes, please list these medications.	

Do you authorize us to administer the medications listed above?	
Comments	

**Please list the people authorized to pick up your child:\***

First Name	
Last Name	
Phone #	
First Name	
Last Name	
Phone #	
First Name	
Last Name	
Phone #	

**Emergency Contact Information\***

First Name	
Last Name	
Email	
Mobile/Cell #	
Home #	
Work #	

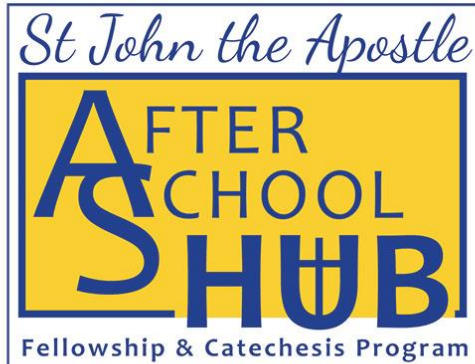
**Parental Consent**

I hereby consent and allow my child/children to participate in the St John After School HUB! It is understood that every precaution will be taken for the safety and well-being of my child, but in the event of accident or sickness, St John Church, its staff and its volunteers are hereby released from any liability.

**Digital/Written Consent\***

First Name	
Last Name	
Date	

*Playing, Praying, & Growing Together!*



## K-6th grade students

- After school to 6 pm, M-F flexible scheduling, following the Meade County Schools calendar
- Snacks provided
- General school supplies available
- BHP / DTW - Transportation available through MC Schools
- Homework mentors
- Activities, games, catechesis
- Incorporation of the liturgical calendar
- Praying & learning together

## Membership Fees & Costs

**One-time Enrollment Fee - \$100**  
**\$75/week**  
**Price Breaks Available!**

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\*REQUIRED