

Before/After Care Enrollment Form 2017- 2018

Before Care and After Care programs are available for children currently enrolled in our school. The Before Care program is offered each weekday from 7:20 - 8:00AM. On delayed opening days, students should arrive forty minutes before the start of school. The After Care program begins at dismissal each day (2:40PM Mondays, Tuesdays, Thursdays and Fridays; 1:40PM on Wednesdays) and ends at 5:40PM. If the school is closed due to inclement weather, or another emergency, the After Care program **will not** be available.

To register your child, please complete the form below and on the reverse side of this page. Be sure to check the appropriate days in each program, fill in your child's name, sign and date the form. **Each child requires a separate form.**

Annual charges are listed below. Please note that selections are for scheduled days on the school calendar and do not include any vacations or holiday periods. Rates are per child and no credit is issued for early release days or missed days due to inclement weather. The late charge for children scheduled in the program who remain in After Care past 5:40 PM will be \$35 for the first quarter hour and \$10 per quarter hour or any part after the first quarter hour.

To facilitate the operation of the program, this signed document will serve as the agreement between the School and the Parent/guardian(s) with the same conditions as stated within the Tuition Contract. It shall become an addendum to the family's Tuition Contract. Payment will be assigned to the family in the same method chosen on their Tuition Contract.

<u>BEFORE CARE</u>		<u>AFTER CARE</u>	
<u>Day</u>	<u>Annual Fee</u>	<u>Day</u>	<u>Annual Fee</u>
☐ Monday	\$190.00	☐ Monday	\$825.00
☐ Tuesday	\$190.00	☐ Tuesday	\$825.00
☐ Wednesday	\$190.00	☐ Wednesday	\$925.00
☐ Thursday	\$190.00	☐ Thursday	\$825.00
☐ Friday	\$190.00	☐ Friday	\$825.00
5 Day Total	\$950.00	5 Day Total	\$4,225.00
Student's Name: _____		Grade: _____	

Parental / Guardian Acceptance:

_____/_____/_____
 Parent/Guardian Signature Date

STUDENT INFORMATION FORM

CHILD'S NAME: _____ BIRTH DATE: _____ GRADE: _____

ADDRESS: _____

HOME TELEPHONE: _____ PARENT/GUARDIAN CELL PHONE: _____

FATHER'S NAME: _____

FATHER'S PLACE OF EMPLOYMENT: _____

EMPLOYMENT ADDRESS: _____ TELEPHONE: _____

MOTHER'S NAME: _____

MOTHER'S PLACE OF EMPLOYMENT: _____

EMPLOYMENT ADDRESS: _____ TELEPHONE: _____

CHILD RESIDES WITH (circle one): Both Parents, Together Both Parents, Shared Custody
 Mother Father Other: _____

EMERGENCY CONTACT IF PARENT CAN'T BE REACHED:
NAME: _____ TELEPHONE: _____ RELATIONSHIP: _____

CHILD'S DOCTOR: _____ TELEPHONE: _____

CHILD'S DENTIST: _____ TELEPHONE: _____

CHOICE OF HOSPITAL IF MEDICALLY EXPEDIENT: _____ HEALTH INSURANCE: ____ Yes ____ No

OTHER STA CHILDREN IN FAMILY (NAMES & GRADES): _____

PRIMARY LANGUAGE SPOKEN AT HOME: _____

KNOWN ALLERGIES: (if any are checked "yes," please explain in area provided)

_____ Insects _____
_____ Animals (Dander) _____
_____ Foods _____
_____ Drugs _____
_____ Other _____

HAS YOUR M.D. PRESCRIBED ADRENALIN? (Epipen, Anakit) ____ Yes ____ No

MEDICATIONS TAKEN AT HOME OR SCHOOL? _____

INHALER: (if so, please explain why): _____

OTHER HEALTH CONCERNS: _____

DOES YOUR CHILD WEAR CONTACT LENSES? ____ Yes ____ No

PARENT'S SIGNATURE: _____ DATE: _____