



Before and After School Registration

Student Last Name, First Name: _____ **Grade / Teacher:** _____

_____/_____/_____

_____/_____/_____

_____/_____/_____

_____/_____/_____

PLEASE INCLUDE A \$20.00 REGISTRATION FEE PER CHILD (ONE TIME NON-REFUNDABLE FEE).

Student's home address: _____

City: _____ State: _____ Zip Code: _____

Primary telephone: (_____) _____ Cell: (_____) _____

Parent/Guardian who the child resides with:

Name: _____ Name: _____

Day phone: _____ Day phone: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

Family Status: Married__ Separated__ Divorced__ Single__ Either Deceased__

Emergency Contacts (to be contacted and can pick up in the event you cannot be reached):

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Is there someone who, by court order, is NOT permitted to be in contact with this child(ren): **Yes** **No**
If yes, Name: _____ Relationship: _____
It is the responsibility of the parent/guardian to provide a copy of the court order to Extended Time.

Special Notes or Health Concerns:

Is your child on any medication? **Yes** **No** If so, please specify:

My child will attend Extended Time for:

- Before Care** 6:30am-7:30am **Schedule:** M Tu W Th Fri (circle days)
- Before Care Express** 7:15am-7:30am **Schedule:** M Tu W Th Fri (circle days)
- After Care** 3:00pm-6:00pm **Schedule:** M Tu W Th Fri (circle days)
- After School Care for Wednesday** 2:00pm-6:00pm **ONLY** **Schedule:** W (circle day)

START DATE: _____

Drop off and Pickup Times:

B.C. Drop off time (a parent or authorized person must sign-in the child each day):

- **6:30am**

B.C.E. Drop off time (a parent or authorized person must sign-in the child each day):

- **7:15-7:30 am**

A.C. Pick up time (a parent or authorized person must sign-out the child each day):

- **6:00pm**
- A \$5 fee will be charged for every 15 minutes late. After 3 late pickups your child will no longer be eligible to attend the program.

FEE POLICY: Fees are collected only for the days used. Fees may be paid by online, cash or by check **each FRIDAY to return on MONDAY**. After 2 weeks of non-payment, the child will not be allowed to attend the program. Make checks payable to: *Holy Childhood School - Extended Care*

Extended Time Fees:

- **Before Care Only (B.C.)** - \$5.00/day per child
- **Before Care Express Only (B.C.E.)** - \$2.00/day per family (7:15am - 7:30am)
- **After Care Only (A.S.C.)** - See Fee Chart on Cost of Program

MEDICAL RELEASE:

HCS Morning & After Care Time has our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Parent/Legal guardian name _____ Date _____

Parent/Legal guardian Signature _____ Date _____

Student Allergies _____

Student Medical Problems _____

Doctor _____ Phone number _____

Insurance carrier _____ Policy number _____

Who is financially responsible for the student?

PARENT STATEMENT:

I hereby state that (child's name) _____ is in good mental and physical health condition to participate in the activities provided by **HCS Morning & After Care Time**. I hereby release **HCS Morning & After Care Time, and HCS, its employees and staff** from liability to the above named child, arising from injury to the person or property of the above named child occurring on the premises of **HCS**.

I understand that **HCS Morning & After Care Time** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct. **HCS Morning & After Care Time**, has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge.

I have received a copy of the Extended Time Guidelines and agree to the terms. In addition, I have read the fee policy, medical release and parent statement and agree to comply.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE _____