



## Before and After School (Extended Care) 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 Care 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** End of school-6:00pm Schedule: M Tu W Th Fri (circle days)
- After Care Express** End of school-3:15pm/2:15pm W Schedule: M Tu W Th Fri (circle days)
- After School Care for Wednesday ONLY** 2:00pm-6:00pm 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):

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

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.

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

- **3:15pm (2:15pm on Wednesday)**

**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 Care Fees:**

- **Before Care Only (B.C.)** - \$6.00/day per child (6:30am - 7:30am)
- **Before Care Express Only (B.C.E.)** - \$2.50/day per family (7:15am - 7:30am)
- **After Care Only (A.S.C.)** - See Fee Chart below for Cost of Program
- **After Care Express Only (A.C.E.)** - \$2.50/day per family (3:00pm-3:15pm)

Cost of After Care Program  
Number of Days per Week, Includes Snack

	5 Days	4 Days	3 Days	2 Days	1 Day
1 Child	\$49	\$39	\$32	\$22	\$12
2 Children	\$87	\$69	\$59	\$39	\$22
3 Children	\$122	\$102	\$87	\$67	\$32

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**MEDICAL RELEASE:**

HCS Extended Care 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?  
\_\_\_\_\_

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**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 Extended Care**. I hereby release **HCS Extended Care, 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 Extended Care** 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 Extended Care**, 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.

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I have received a copy of the Extended Care 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** \_\_\_\_\_