

Mary, Queen of Peace Catholic School
2008-2009 After School Care Enrollment Form

Child's Name: _____

Address: _____

Home Phone: _____

Father's name: _____

Work Phone: _____

Mother's name: _____

Work Phone: _____

Child lives with: Mother & Father _____ Mother _____ Father _____

In case of emergency, if a parent cannot be reached, please give the name and phone number of someone on the **Northshore** who can be called. Also list other persons authorized to pick up your child.

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Physician's Name: _____

Phone Number: _____

Known allergies or medical conditions: _____

Mary, Queen of Peace Catholic School offers After Care to its students from the end of car-line until 6:00 p.m. **The fee for After Care is \$30.00 per week if paid by Thursday at 6:00 p.m. of the preceding week.** Monthly rates with small discounts are available if paid by the appropriate date. The fee for those not paying by the week or month is \$7.00 per day. There will be NO After Care on early dismissal days. There are no multiple child discounts for After Care fees. After Care fees include a snack. Possible snacks include but are not limited to cookies, muffins, cheese & crackers, juice, Kool-Aid, punch, etc.

Students left in car-line after 3:00 p.m. will AUTOMATICALLY be entered into After Care. Students entered as such are charged the day rate REGARDLESS of the time spent in After Care.

Parents or their authorized surrogate must pick up their child from the After Care room. All students must be signed-out by their parent or authorized surrogate.

I/we, the undersigned, understand that I/we am/are responsible for my child's fee. **I/we also understand that there is a late charge of \$1.00 per minute for pick up after 6:00 p.m.**

I/we agree that all the school rules apply during the time my child is in After Care.

I/we hereby authorize the staff of the After Care program of Mary, Queen of Peace Catholic School to obtain emergency medical treatment for my child in the event that I or my emergency contact(s) cannot be reached.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____