

Mary, Queen of Peace Catholic School

2010-2011 After School Care Enrollment Form

(All parents should have this form on file.)

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 \$40.00 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 \$10.00 per day. There will be no after care on early dismissal days. There are no multiple child discounts for after care fees. Any student that is not picked up by 6:00pm will be assessed a late fee of \$10.00 per 15 minutes (the cost of keeping our staff at school). 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 be entered into after care. Students entered as such are charged the \$10.00 day rate.

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 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: _____