

**St. Mary Catholic School**  
**After School Care**  
**Child Care Agreement 2018-2019**

Child: \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_

Child: \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_

Child: \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_

Child: \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_

Mother: \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Father: \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Please list in order who to contact in case of an emergency:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

Please list authorized adults to pick up child:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

4. \_\_\_\_\_ Phone: \_\_\_\_\_

Please use another sheet of paper for additional authorized adults if needed.

For the safety of the child, only an adult on the authorized list will be able to pick up the child. You may notify the office if you need to make a change.

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any medical conditions necessitating dietary supplements or restrictions, medication or avoidance of allergies? \_\_\_\_ Yes \_\_\_\_ No

If yes, please specify: \_\_\_\_\_

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Known Allergies \_\_\_\_\_

Are there any restrictions on normal physical activities? \_\_\_\_ Yes \_\_\_\_ No

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The hourly rate for each child attending After School Care (ASC) will be \$3.00 per hour, billed by the quarter hour. An ASC agreement must be completed and returned to the front desk.

The registration fee is \$20.00 and you will receive two key cards to enter the building to pick up your child/children. Lost cards can be replaced for a fee of \$7.00 per card. Additional cards are available for a \$7.00 fee.

Students not picked up by 3:30 will be placed in After School Care and parents will be billed accordingly. Parents will be asked to complete an After School Care agreement and pay the \$20.00 registration fee.

Please note that we will be contact you if you child appears ill upon arrival.

Students attending ASC should be respectful and abide by the instructions of the staff on duty. If a student becomes uncontrollable, the parents will be called to come and retrieve the student. If this occurs repeatedly, the student will not be able to attend ASC.

We will only release a child from ASC to an adult who is on the authorized pick up list.

ASC ends at 6:00pm and you will be charged for late pick-ups. There will be a charge of \$10.00 per student starting at 6:01pm to 6:10pm and \$10.00 will be added for each child for each addition 10 minute increments.

At the time of registration, the parents should authorize the family physician to accept all calls from the child care director for any emergency medical care.

I hereby authorize \_\_\_\_\_ St. Mary Catholic School Staff \_\_\_\_\_ to take my child to above name physician or facility for medical treatment in the event an emergency in which neither parent can be reached. If the above named physician cannot respond, I authorize any licensed physician or medical center to treat my child.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: A photocopy of both sides of health insurance ID card must be provided.**