

## St. Mary's Academy Afterschool Program

**Operation:** The Afterschool Program operates from dismissal until 5:15 PM each day school is in session. This includes half days of school.

Name of Student: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Phone: Home: \_\_\_\_\_  
Work: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell/car: \_\_\_\_\_ Car/cell: \_\_\_\_\_

**Persons to Contact in Case of Emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Checks should be made payable to St. Mary's Academy. Payments must be kept up to date or late notices will be sent.

**We agree to pay \$4.00 per hour. Payment will be made to the nearest quarter hour. A completed registration form is required before any child may attend Afterschool.**

On the following days my child/children will need Afterschool care. I also agree to pay the corresponding amount each week.

\_\_\_\_\_ All Week      \_\_\_\_\_ Monday      \_\_\_\_\_ Tuesday      \_\_\_\_\_ Wednesday  
\_\_\_\_\_ Thursday      \_\_\_\_\_ Friday      \_\_\_\_\_ First Fridays      \_\_\_\_\_ As required

My son/daughter \_\_\_\_\_ has my permission to participate in all of the activities that take place in the St. Mary's Academy Afterschool Program for the 2003-2004 school year. I understand that I am required to pay the amount I contracted above for each week. I understand there will be responsible staff for the program. In the case of emergency, the staff has the authority to take my child to the nearest doctor and/or hospital for treatment. Parents, guardians or emergency persons will be contacted so treatment can be authorized as soon as possible.

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Signature of Father/Guardian

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

(In the case of serious injury the rescue squad will make the decision)

I give my permission for the following people to pick up my child/children from the St. Mary's Academy Afterschool Program: (please note; only people on this list will be allowed to pick up your child. Additions to the list may be made with a written note.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Sign Out:** Children must be signed out each day. Signing out is a legal verification that the child has been dismissed from the Afterschool Program and is the responsibility of the person who has signed for that child.

As required: As required refers to a student who attends the Afterschool program on a random basis. For example: if you need Afterschool care in the event of an emergency. If you know that you need Afterschool care every Monday for example, that is not an as required situation.

- If school closes due to bad weather the Afterschool Program will close at 4:30 PM

We recognize that children like to bring toys (gameboys) to the Afterschool Program. Please understand that we are not responsible for any personal property brought to the program.

The Afterschool Program follows the same rules as the St. Mary's Academy Code of Conduct. Each child will be made aware of the program rules during the first week. Repeated offenses of the rules may result in your child being suspended from the program.

I/We agree to the above conditions regarding fees, emergency care, discipline and personal property.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date