

**Sacred Heart School Before/ After-School Program
Enrollment Form 2016-2017**

1. Student Information

*** Start Date:** _____

Name: _____ Nicknames: _____

School Teacher: _____ Grade: _____ Ethnicity: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Allergies/Food: _____ Chronic Illness/Medication: _____

Additional Information: _____ Birth Date: _____

Names of siblings who will also attend After School: _____

2. Parent/Guardian Information

Name: _____

Name: _____

Address: _____

Address: _____

City/ Town: _____

City/ Town: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Comments: _____ TDY : _____

3. Student Pick-up Information: All Pickup's Must Bring Valid ID

Please list persons with phone numbers who you give permission to pick-up your child from the program.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

4. Emergency Contact Information

In the event of an emergency, please list two people we may contact who know your child and can take full responsibility should you not be available.

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

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5. After/ Before School Program

Before School Program – Rates: K2 – 8, \$2.00/day

Preschool \$5.00/day (covers 7:00 AM to 7:30 AM AND 5:30 PM – 6:00 PM)

Circle all days scholar will attend program: Monday, Tuesday, Wednesday, Thursday, Friday, Weekly

Total Amount: \$ _____

After School Program: K2 - 8

SINGLE CHILD RATES:

FAMILY RATES:

1 day - \$25.00

1 Scholar -\$65.00/week

2 days – \$35.00

2 Scholars \$105.00/week

3 days - \$45.00

3 Scholars \$140.00/week

4 days - \$55.00

5 days - \$65.00

* 10% discount for active service member families

Circle all days scholar will attend program: Monday, Tuesday, Wednesday, Thursday, Friday, Weekly

Total Amount \$ _____

6. Parent/Guardian Consent to Participate in the After School Program

Children are required to attend program only on days registered for care. **Scholars that attend program without being registered for the day will be charged \$15.00 additional to the daily fee.** Payments for care must remain current. Changes in the days scholars come for care must be known two weeks in advance no exceptions. There will be no refund for holidays, illness or pro-rating for absenteeism. **It is our policy to charge \$3.00 per minute past closing time, which is 6:00 PM.** In the event of excessive tardiness (i.e. 3 late pick-ups) or payments not made by the week before service, patrons may be asked to remove scholars from program.

In case of an emergency injury or illness, I authorize the Program to call the paramedics. As legal guardian of the above listed student, a minor, I authorize the school representative designee to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered upon the advice of any licensed physician and/or dentist.

The program is not responsible for personal items. **I have read and understand the above and handbook.**

I give my consent for my child to attend the After School Program and participate in its activities. Yes No

Parent/Legal Guardian Signature _____

Date _____