

ST. MARY'S AFTER SCHOOL CHILDCARE PROGRAM

REGISTRATION

Family Name _____

Address _____

Mother

Father

Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

My child(ren) will attend the Program _____ FULL TIME (daily)

_____ DROP-IN

Students' Names

Grade/Age

1. _____

2. _____

3. _____

4. _____

The following people have permission to pick up my child(ren):

Name

Phone

1. _____

2. _____

3. _____

4. _____

5. _____

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Agreement Between the Program and Parents

The Program agrees to:

1. provide for the students in a safe environment until they are discharged
2. provide a daily nutritional snack
3. provide a homework period
4. provide ample time for recreational activities
5. call parent or designated contact in case of an emergency
6. notify the parent of any disciplinary problem and take appropriate action (if an unacceptable behavior is consistent, the student may be removed from the program).

The program will be closed whenever the school is closed for vacations and inclement weather.

The Parent agrees to :

1. make **monthly** payments the **first** of each month for full time and part time students
2. pay drop-in fees on receipt of billing statement
3. provide lunch on half days and full days of ASC
4. provide medical information upon registration
5. notify the director when student is picked up by someone **not** designated on registration form
6. ******SIGN OUT****** whenever the student is picked up
7. pick up my child by **6:00 pm** or pay a late fee.

ASC WILL REFER TO THE SCHOOL'S EMERGENCY NOTIFICATION INFORMATION IF NECESSARY.

WE HAVE READ THESE CONDITIONS AND AGREE TO THEM AS STATED.

Parent's Signature _____

Print Name _____

Date _____