

# AFTER SCHOOL PROGRAM

## HOMEWORK CLUB

### Pre-K and Up

Today's Date: \_\_\_\_\_ After School Programs run from September 2019 through June 2020;  
Monday through Friday, from the end of the school day until 5:30 p.m.;  
closed on school holidays.

#### 1. Student Information

Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medication: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Names of brothers/sisters who will also attend After School: \_\_\_\_\_

Are there any allergies or medical conditions that we need to be made aware of:

\_\_\_\_\_

#### 2. Parent/Guardian Information

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

#### 3. Student Pick-up Information:

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

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

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

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

#### 4. Emergency Contact Information

List two people we may contact who can take full responsibility should you be unavailable.

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

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

#### 5. ☐ **AFTERSCHOOL (2pm-5:30pm) Fees must be paid through FACTS.**

1 child \$25.00 per day      Second child is \$20.00 per day.

**Drop- ins who are not registered in the program must bring \$35 on that day.**

Program participation days: Monday/ Tuesday/ Wednesday/ Thursday/ Friday.

Number of days attending: \_\_\_\_\_ **(Please note you will be charged on FACTS for the number of afternoons you commit to, no exceptions)**

#### 6. ☐ **HOMEWORK CLUB (2pm -3pm)**

\$10 per afternoon

**Drop- ins who are not registered in the program must bring \$10 on the day they attend.**

Program participation days: Monday/ Tuesday/ Wednesday/ Thursday/ Friday.

Number of days attending: \_\_\_\_\_ **(Please note you will be charged on FACTS for the number of afternoons you commit to, no exceptions)**

#### 6. Parent/Guardian Consent for Photographs and Internet Use

I give my consent to the Saint Joseph School to photograph my child and to use such pictures and/or stories in connection with any of their work without consideration of compensation of any kind, and I do release Saint Joseph School from any claims whatsoever which may arise in said regards. Yes No

I give my consent to Saint Joseph School to take my child on walking field trips as dictated by the staff of the after school program Yes No

I give my consent to Saint Joseph School to allow my child to use the internet under the supervision of the After School Program staff. Yes No

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

There will be no refund for student illness or pro-rating for absenteeism.

In case of an emergency injury or illness, I authorize the Program to call the paramedics. Your child will be taken to the nearest medical facility. 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**

**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_