

AFTER SCHOOL PROGRAM

HOMEWORK CLUB

Pre-K and Up

Today's Date: _____ After School Programs run from September through June, 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 (2 p.m. - 5:30 p.m.) Fees must be paid through FACTS.**

1 child \$25.00 per day Additional children are \$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. **LATE PICKUP (must be picked up by 3:15 p.m.)**

\$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** _____