

BEFORE AND AFTER CARE REGISTRATION FORM

St. Mary's Grade School Before & After Care
108 McHenry Street
Burlington, WI 53105
262 763-1501 Ext. 252

Date Care Will Begin: _____

Name of Child _____ Date of Birth _____

Parent/Guardian Name _____

Address _____ Home Phone: _____

Class Currently Enrolled in: _____

Employer information:

Mother's Employer _____ Cell Phone:() _____ Work Phone:() _____

Father's Employer _____ Cell Phone:() _____ Work Phone:() _____

Emergency Names & Contact Phone Numbers: _____

I Authorize _____ to pick my child up from the Before/After Care program. Identification may be required from the authorized person. If someone other than this person or the parent is picking up the child, we will need a signed note from the parent before we will release any child.

BEFORE AND/OR AFTER SCHOOL CARE

Please designate which option you will be using. CIRCLE the days needed. Fill in the DAILY PICK UP TIME your child will be in our After care program.

Before Care: 7:00 am to 8:15 am \$3.50 per morning M T W TH F

After Care: 3:00 pm to 5:30 pm \$3.50 per hour M T W TH F

Scheduled Time of AFTER CARE PICKUP on circled days _____

Families will be charged by month per the DAYS CIRCLED and STATED PICKUP TIME. Payment will be calculated by the month. After care will be billed by the $\frac{1}{2}$ hour. We will send a confirmation of the number of days, pickup times and total amount due for each of the months. Payment will need to be received by the 5th of the month.

(If your child does not come on the designated days scheduled we will consider this being absent. There will not be a credit or refund.)

Late pickup fee: \$1.00 for every minute late after the first 5 minutes. Fees will be billed accordingly on the next monthly statement.

On "Early Releases Days" Afternoon Care will be offered for our St. Mary's school families. The program will not be offered during any Full School Day for Teacher Conventions, Thanksgiving, Christmas or Easter Vacations.

Early Release Days (Half day care) fees - \$16.00 from 1 pm - 5:30 pm Yes _____ No _____

Please continue on other side

**ST. MARY'S BEFORE & AFTER CARE PROGRAM
HEALTH HISTORY AND EMERGENCY CARE PLAN**

1. Check any special medical condition that your child may have.
Food allergies - Specify food(s)
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Non-Food allergies - Specify

- Asthma
- Bee Stings
- Diabetes
- Epilepsy/seizure disorder
- Gastrointestinal or feeding concerns including special diet and supplements
- Cerebral palsy/motor disorder
- Emotional/behavior disorder including ADD or ADHA

2. Other conditions(s) requiring special care - Specify.
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3. Triggers that may cause problems - Specify.
-

4. Signs or symptoms to watch for - Specify.
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If daily medication is needed please see your child's teacher. We have a **MEDICAL RELEASE FORM** that will need to be filled out.

In case of accident or serious illness, I request that the childcare program contact me. If we are unable to reach you, I hereby authorize the childcare program to call the physician indicated below and follow his instructions. If it is impossible to contact this physician, the childcare program may make whatever arrangements seem necessary.

PHYSICIAN _____ PHONE # _____

SIGNATURE - Parent or Guardian

_____ Date _____

Please fill out a separate form per child. (Photocopies are accepted)