

2019-2020 Extended Day Program Enrollment and Emergency Information Form

STUDENT INFORMATION

Name of Student _____ Grade (2019-2020) _____
Last First MI
Address _____ Date of Birth _____
City and Zip _____ Home Phone _____
Child resides with _____

FATHER/GUARDIAN INFORMATION

Name _____
Last First MI
Employed By _____ Business Phone _____
Occupation/Title _____ Cell Phone _____
Email _____

MOTHER/GUARDIAN INFORMATION

Name _____
Last First MI
Employed By _____ Business Phone _____
Occupation/Title _____ Cell Phone _____
Email _____

EMERGENCY CONTACTS (When unable to reach parents/guardians)

NAME	PHONE	RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Doctor's Name _____ Office Phone _____

Dentist's Name _____ Office Phone _____

Insurance Carrier _____ Group Policy # _____

Allergies (drug, food, environment) _____

Medical Conditions _____

Medication taken daily or as needed _____

I do hereby authorize the school administration to render first aid for illness or injury to my child named above. In the event of a medical emergency, I authorize the school administration to have my child transported to the nearest hospital/emergency care center for emergency medical or surgical treatment and to contact my child's physician and one of the persons listed above. I further authorize the release of the above medical information to all medical personnel providing treatment. I agree to be solely responsible for the payment of all expenses incurred in such an emergency.

I do hereby release, hold harmless and indemnify Cardinal Daniel DiNardo, Archbishop of Galveston-Houston and his successors in office, the Archdiocese of Galveston-Houston, St. Clare of Assisi Catholic School/Church and any of their officers, agents, employees or representatives ("Released Parties") from any and all liability, claims, losses or expenses arising from personal injury, death, or loss of or damage to property arising from any medical treatment received and/or transportation to the nearest hospital/emergency care center, including any claims allegedly caused or contributed to by the negligence or willful misconduct of the Released Parties.

Signature of Parent/Guardian Responsible for Payment

Date

TUITION AGREEMENT

Please check all that apply. My child's attendance in the Extended Day Program will be:

- _____ Before School (6:45 – 7:45 a.m.)
- _____ After School (3:00-6:00 pm)
- _____ Occasional Use (Applies to Before & After School Only. Pre-Registration is required.)

I agree to pay a \$75.00 registration fee (**per family**) to enroll in the Extended Day Program. In addition to the registration fee, I agree to select only one rate plan per calendar month and be responsible for payment prior to my child receiving services in the Extended Day Program. Any change in attendance will require an additional form and parent signature. Only students attending St. Clare School will be allowed to participate in the Extended Day Program. **The Extended Day Program operates only on days when school is in session. Please refer to the school calendar for days and hours of operation. When the school day ends at 11:00 a.m., the Extended Day Program is not available.**

- _____ Single Child Monthly Rate: \$100.00 Before School/\$270.00 After School per child per month
- _____ Family Monthly Rates: 2 Children - \$115.00 Before School/\$350.00 After School per month
3 Children - \$145.00 Before School/\$430.00 After School per month
4+ Children - \$175.00 Before School/\$520.00 After School per month
- _____ Occasional Use: \$10.00 Before School/\$25.00 After School per child per day, due at the time of service.
(There is no sibling discount for the occasional use rate.)

All payments for the monthly rates are due on the first school day of the month. A late charge of \$1.00 per minute past 6:05 p.m. will be assessed and is due at the time of late pick-up. In the event that my child needs to leave the Extended Day Program early due to illness or any other reason, I, or one of my designated emergency contacts, will be called to pick up my child. I may be asked to withdraw my child from the Extended Day Program if the stated school rules are not consistently met. My child may be re-enrolled in the Extended Day Program at the discretion of the Principal and the Extended Day Director.

Signature of Parent/Guardian Responsible for Payment

Date