

**St. Jude School**  
**Early Care/Extended Day Registration Form**

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Family Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

**Mother/Guardian:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**(1) Child Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Grade \_\_\_\_\_

List any existing medical conditions, medications and/or special attention your child may require?

\_\_\_\_\_

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

**(2) Child Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Grade \_\_\_\_\_

List any existing medical conditions, medications and/or special attention your child may require?

\_\_\_\_\_

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

**(3) Child Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Grade \_\_\_\_\_

List any existing medical conditions, medications and/or special attention your child may require?

\_\_\_\_\_

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

**(4) Child Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Grade \_\_\_\_\_

List any existing medical conditions, medications and/or special attention your child may require?

\_\_\_\_\_

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

**If a parent or guardian cannot be reached, list alternatives below:**

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

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

**List of people authorized to pick-up child including yourself.**

\_\_\_\_\_  
Name of Adult Relationship

\_\_\_\_\_  
Name of Adult Relationship

\_\_\_\_\_  
Name of Adult Relationship

\_\_\_\_\_  
Name of Adult Relationship

I understand that the above-captioned are the only person(s) designated to pick up my child/children from St. Jude Extended Day program. In the event that another person, not listed above is going to pick up my child(ren) at any time, I will notify the program or school office of any change.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**The cost will be \$4.50/hr. per child.**

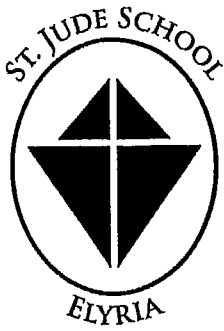
**Please be aware that extended day services for your child will not be available unless your account is kept current within 10 days of each invoice date. Families with past due accounts will need to make other arrangements until payment is made.**

**I am aware of the specifications of the extended day billing agreement. Parents will be set up on automatic withdrawal or will need to make payments online through the Parent Portal of the Extended Day software.**

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_







594 POPLAR STREET | ELYRIA, OH 44035 | (440) 366-1681

**WAIVER OF LIABILITY, ACKNOWLEDGMENT AND ASSUMPTION  
OF RISK AGREEMENT FOR ST. JUDE SCHOOL/PARISH EXTENDED DAY PROGRAM AND  
EARLY CARE PROGRAM**

Name(s) of Child(ren): \_\_\_\_\_ (Please Print)

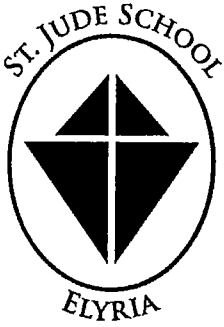
On March 11, 2020, COVID-19, a highly contagious disease that is spread through person-to-person contact was declared a worldwide pandemic by the World Health Organization and on March 13, 2020, U.S. President Donald Trump declared the COVID-19 outbreak a national emergency. On March 25, 2020, the Director of the Ohio Department of Health (“ODH”) issued an order closing facilities providing child care services. On May 29, 2020, the Director of ODH issued an order for reopening facilities providing child care services, with exceptions.

**St. Jude Parish (the “Parish”)** has put in place preventative measures to reduce the spread of COVID-19. Even with these measures, the Parish cannot guarantee that children attending its child care program (“Child Care Program”) and parents or other individuals using the Parish’s facilities in connection with the Child Care Program will not become infected with COVID-19.

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By signing this agreement, I, on behalf of myself and my minor child(ren), agree to all of the following:

1. Participation in the Child Care Program is voluntary.
2. I and my minor child(ren) agree to follow and comply with all safety rules and procedures as described in the Parish’s Rules and Safety Procedures St. Jude School Reopening Plan as the same may be amended from time to time.
3. I understand that it is my responsibility to evaluate carefully all risks inherent in using the Parish’s facilities and participating in the Child Care Program. I, on behalf of myself my spouse (if any) and my minor child(ren), voluntarily assume full responsibility for the risk that I or my child or other family members may be exposed to or infected by COVID-19 or other communicable diseases, among other risks, and that such exposure or infection may result in personal injury, illness, permanent disability, death or other damages or expenses.
4. I understand that the risk of becoming exposed to or infected by COVID-19 or other communicable diseases or other risks of accident or injury may result from the actions, omissions, or negligence of others, including, but not limited to, the Parish’s Child Care Program participants and students, staff, volunteers, and guests.



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5. I, on behalf of myself, my spouse (if any) and my minor child(ren), assume all of the foregoing risks and accept sole responsibility for any injury to such persons including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that such person(s) may experience or incur in connection with the use of Parish facilities or participation in the Child Care Program (“Claims”).
6. I, on behalf of myself, my spouse (if any) and my minor child(ren) release and agree to hold harmless and indemnify the Parish, the Catholic Diocese of Cleveland, and the Bishop or Administrator of the Catholic Diocese of Cleveland and their respective members, employees, and agents, from any and all liability, arising from negligence or otherwise, and any damages as a result of the use of the Parish’s facilities or participation in the Child Care Program, including but not limited to property damage and any mental or physical bodily injury, including death.
7. This release includes any Claims based on the actions, omissions, or negligence of the Parish, its pastor, employees, agents, and representatives, whether a COVID-19 infection or other injury occurs before, during, or after use of the Parish’s facilities or participation in the Child Care Program.
8. The foregoing WAIVER OF LIABILITY, ACKNOWLEDGMENT, AND ASSUMPTION OF RISK AGREEMENT is intended to be as broad and inclusive as is permitted by the laws of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the remaining provisions of this Agreement shall, notwithstanding, continue in full legal force and effect.

We, the undersigned, have read the above carefully, understand its significance, and voluntarily agree to all of its terms. For divorced/separated parents, the parent/guardian signing below attests that he/she has legal authority to provide consent for the minor child(ren) to attend the Parish’s Child Care Program and use its facilities and to execute this Waiver of Liability, Acknowledgment, and Assumption of Risk Agreement on behalf of the minor child(ren).

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Printed Name of Parent/Guardian

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Signature of Parent/Guardian

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Date