

Marquette After School Care (MASC)

Enrollment Registration Contract and Release

This agreement, by and between _____ (Parent(s)/Legal Guardian) and Marquette School, hereby agree that this is a binding Contract for Enrollment and Release for the After School Care of student(s) listed below for the 2019-2020 school year, upon the terms, conditions and provisions as hereinafter set forth.

Student's Name:

Name & Address of Person Responsible for Charges:

Telephone: _____ Email Address _____

PARENT/LEGAL GUARDIAN AGREES TO ENROLL THE FOLLOWING STUDENT(S) IN MASC'S PROGRAM FOR THE 2019-2020 SCHOOL YEAR.

Student's Name (first & last)	Date of Birth:	Grade:	For Care on the Following Day(s) of the Week				
_____	_____	_____	M	T	W	TH	F
_____	_____	_____	M	T	W	TH	F
_____	_____	_____	M	T	W	TH	F

Please designate as : Full time , Part time or Drop in-

Registration Fee	\$40.00	Per Child, Non-Refundable
Monthly Tuition - 1 Child, Full Time	\$165.00	4 or 5 days per week
Monthly Tuition - 2 Children, Full Time	\$257.00	4 or 5 days per week
Monthly Tuition - 3 Children, Full Time	\$361.00	4 or 5 days per week
Monthly Tuition - 4 Children, Full Time	\$437.00	4 or 5 days per week
Monthly Tuition - 1 Child, Part Time	\$132.00	2 or 3 days per week
Monthly Tuition - 2 Children, Part Time	\$192.00	2 or 3 days per week
Monthly Tuition - 3 Children, Part Time	\$252.00	2 or 3 days per week
Monthly Tuition - 4 Children, Part Time.	\$366.00	2 or 3 days per week
Drop In Fee	\$15.00	Per Child, per day
Late Pick Up Fee	\$15.00	Per every 15 minutes beginning at 5:31
Returned Check Fee	\$25.00	

MASC Medical Release Information and Pick Up Authorization

CHILD'S NAME _____ DATE OF BIRTH _____

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CHILD'S NAME _____ DATE OF BIRTH _____

With whom does the child live? _____

HOME PHONE _____

Address _____

City _____ State _____ Zip _____

MOTHER'S NAME _____

HOME PHONE _____

WORK PHONE _____ CELL PHONE _____

MOTHER'S E-MAIL _____

FATHER'S NAME _____ HOME PHONE _____

WORK PHONE _____ CELL PHONE _____

FATHER'S E-MAIL _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD – (INCLUDE HOME & CELL PHONE NUMBERS)

PERSONS NOT ALLOWED TO PICK UP YOUR CHILD _____

Permission to Participate in After School Care Activities and to Receive Medical Care

List any **HEALTH PROBLEMS** _____

Allergies, Asthma, etc. (We must have a signed release to administer medication) _____ HOSPITAL PREFERENCE _____
DOCTOR _____ DOCTOR'S PHONE _____

Emergency Contact Person if Parent Can't Be Reached _____ Telephone Number _____

I hereby grant permission for my child to participate in all after school activities. I hereby grant permission for the Director or person in charge to take whatever steps may be necessary to obtain emergency care, including an ambulance and that any cost thereof will be my responsibility. I give permission for any staff member of MASC or the persons called in an emergency to consent to all emergency care needed to said minor(s) _____ under the general or special supervision and upon Section 170.1 of Oklahoma Statutes. This authorization will remain in effect unless revoked in writing.

Signature of Parent or Legal Guardian _____ Date of Signature _____