



ST. MARY MAGDALENE CATHOLIC SCHOOL

FORMING THE COMPLETE CHILD THROUGH FAITH, REASON & VIRTUE

Before & After School Program (B&ASP) Registration and Medical Form

Parent 1: _____ Phone _____ Email _____

Parent 2: _____ Phone _____ Email _____

Address: _____ Zip: _____

Student's Name: _____ Grade: _____ DOB _____

Allergic to the following Medication: _____ Food _____ Other _____

Student's Name: _____ Grade: _____ DOB _____

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Allergic to the following Medication: _____ Food _____ Other _____

Student's Name: _____ Grade: _____ DOB _____

Allergic to the following Medication: _____ Food _____ Other _____

Medical Information

Staff members will not administer any prescription or non-prescription drugs for any reason. Please notify the school nurse if your child is ill with a communicable disease.

Physician: _____ Phone _____

Insurance: _____ Phone _____

Primary on Insurance: _____ ID# _____

In the event of illness or injury to my child, which in the judgment of the St. Mary Magdalene Catholic School staff requires emergency treatment, Humble EMS will be called. The EMS will determine if my child is to be transferred to a hospital emergency room.

I hereby release the St. Mary Magdalene B&ASP Staff and School from any claim arising out of the EMS or doctor's actions. **Any changes to this form must be made in writing to the Office.**

Parent/Guardian Signature Date

Emergency Contact other than parent _____ Phone _____

Emergency Contact other than parent _____ Phone _____

Before & After School Program Parent Contract

In consideration of my child(ren)'s participation in the B&ASP, I agree to the following:

1. I agree to pay an annual, non-refundable registration fee for each child (\$30 for the first child/\$20 for the second child/\$10 for each additional child per family).
2. I agree to pay the cost of the B&ASP, according to the hours I utilize, through FACTS.
3. I agree I will pick up my child(ren) by 6:30 P.M. I understand that in the event my child is not picked up by 6:30 P.M. a fee of \$10 per 10 min. increments per child will be added along with my charges for that day. After 6:45 P.M. my emergency contact will be called.
4. I agree my child(ren) will always be picked up by a pre-authorized person on my list.
5. In the event of an emergency, I give permission to the B&ASP staff to have my child treated by medical personnel. The staff member in charge shall make reasonable attempts to contact me prior to any emergency medical treatment.
6. I understand that in the event of late payment, late pick up of my child(ren), or for any other good cause, the St. Mary Magdalene Catholic School Administrator or his/her delegate reserves the right to remove my child from the B&ASP.
7. I understand the B&ASP is an extension of the school and all school rules/policies apply.
8. A homework time is scheduled daily. This time is designated a 'Quiet Zone' in order for staff to assist students with questions on assignments. If a student does not have homework, he/she is expected to read silently or work on handwriting practice independently.
9. I understand that I must sign my child(ren) in/out on the designated B&ASP Sign In/Out Sheet each day I utilize the B&ASP.
- 10. I understand report cards and all records will be withheld due to unpaid financial obligations to the school.**

Parent/Guardian Signature

Date

Date

People other than myself who are authorized to check my student(s) out of the B&ASP:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____