

Morning Care Enrollment Form 2017 - 2018

St. Mary's Catholic School provides care outside of school hours only for students enrolled in our school. Payments are due upon receipt of receiving your bill for Morning Care students.

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Full time - \$50.00/child/month

Drop In - \$3.00 per day per child

I am requesting enrollment of this student in St. Mary's Catholic School Morning Care.

If a sudden illness or other serious medical emergency should occur and I cannot be reached, I hereby authorize St. Mary's Catholic School Morning Care to phone my child's physician or dentist or to take my child to the nearest medical facility for medical treatment. I authorize any licensed physician or medical center to treat my child.

Signature _____ Date _____

After Care Program Enrollment Form 2017 - 2018

St. Mary's Catholic School provides care outside of school hours only for students enrolled in our school. Payments are due upon receipt of receiving your bill for After Care students.

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

I am requesting enrollment of this student in St. Mary's Catholic School After Care Program:

Full-Time - \$160/child/month

Drop In Rates:
\$.07 per minute per child per day

A late fee of \$2.00 per minute will be charged per child per day if not picked up by 6:00 p.m.

If a sudden illness or other serious medical emergency should occur and I cannot be reached, I hereby authorize St. Mary's Catholic School After Care Staff to phone my child's physician or dentist or to take my child to the nearest medical facility for medical treatment. I authorize any licensed physician or medical center to treat my child.

Signature _____ Date _____

By signing above, I acknowledge my child (ren) **must** be picked up from After Care **by 6:00 p.m.**