



2017-2018 Extended Day Program and Drop-Off/Pick Up Form

Each family is required to complete this form before the first day of school even if you don't plan to use the program so that if you have a last minute change of plans we will already have your information for the program. Please refer to the program's information sheet for hours of operation, fees, and locations.

Family Name: _____

Father: _____

Mother: _____

Father's Cell #: _____

Mother's Cell #: _____

Father's Work #: _____

Mother's Work #: _____

Home Phone #: _____

List each student's first and last name:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

List of persons authorized to pick up your child or called in an emergency if a parent is not available:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Authorization for Emergency Treatment

I hereby authorize any physician, surgeon, dentist or hospital medical staff to administer any emergency treatment or medicine necessary or advisable when All Saints personnel accompany my child/children named above to a medical facility. I also authorize All Saints personnel to secure the use of an ambulance, if necessary, for transporting my child/children to the hospital/medical facility. I agree that this authorization will remain in force as long as my child/children participate in the Extended Day Program, unless notified in writing of a change by me.

Preferred Doctor: _____ Preferred Hospital: _____

Parent Agreement

I, _____, agree to the following conditions involved in the care of my child/children in the All Saints Catholic School Extended Day Program. The Program staff will exercise reasonable care and judgment in all matters related to the welfare and safety of my child/children. In case of illness or injury, the Program staff will promptly take such reasonable measures as are, in their judgment, in the best interest of the child and will notify me as soon as possible. The Program staff will not release my child/children to anyone other than the parent/guardian unless they have permission from the parent/guardian. I understand that my child/children must follow all school rules and regulations and are subject to the same discipline as during regular school hours. In return for a fee, the Program will give regular care to my child/children from dismissal time until 6:00 P.M, if needed, on regular school days. Other arrangements must be made during school holidays. A late fee of \$5 will begin if children are not picked up at 6:00 P.M. and \$1 for each additional one-minute interval thereafter. The Program is a self-supporting program and cannot "carry" any fees. I understand that if my Program balance is more than 30 days past due, my child cannot return to the Program until the balance is paid in full.

Signature of Parent/Guardian: _____ Date: _____

Before & After School Plans

We understand that plans may change, but please indicate here what the *typical* drop-off and pick-up location of your child(ren) will be.

Before school my child(ren) will be dropped of at:

- Extended Day Program
- Main Parking Lot *(required of all children in families with Pre-K/Kinder students)*
- Circle Lot
- Gym Lot

After school my child(ren) will be picked up at:

- Extended Day Program
- Main Parking Lot *(required of all children in families with Pre-K/Kinder students)*
- Circle Lot
- Gym Lot