



MOTHER OF OUR REDEEMER CATHOLIC SCHOOL

After Care Application 2018-2019

Section I: Student-Parent Information

Will Attend Will Not Attend

Date: _____ / _____ / _____

Student's Name: _____ Grade: _____

Birth Date: _____ / _____ / _____ Gender: FEMALE MALE

Address: _____ City: _____

Home Telephone: (_____) _____ - _____ Work Telephone: (_____) _____ - _____

Mother Name: _____ Cell: (_____) _____ - _____

Father Name: _____ Cell: (_____) _____ - _____

Guardian: _____ Cell: (_____) _____ - _____

Section II: Emergency Contact Information

In case Parent/Guardian cannot be reached, please contact:

1. Relationship _____ Telephone Number: (_____) _____ - _____

2. Relationship _____ Telephone Number: (_____) _____ - _____

3. Physician _____ Telephone Number: (_____) _____ - _____

Only if applicable, complete the following:

1. My Child has the following medical Problem:

2. My Child takes the following medication regularly:

3. My Child has the following Allergies: _____

I authorize medical treatment for my child in case of accident or illness while on campus

Signature of Parent/Guardian: _____ Date: _____ / _____ / _____

Section III: Authorization for Release of student from School

List below those persons authorized to take your child from school during the school day. If any person is **NOT**

AUTHORIZED to take student from school, please indicate:

PLEASE BE SURE TO NAME EACH PERSON INDIVIDUALLY

Authorized: _____

Not Authorized: _____

Parent/Guardian Signature: _____ Date: _____ / _____ / _____



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After Care Program

After-School Program for 2017-2018 school year will begin on August 21, 2017. The fees for the Extended Care must be paid in monthly installments. **FEES CAN NOT BE PAID ON A WEEKLY BASIS OR AS YOU GO ALONG.** Credits will only be allowed when a written notice is provided a week in advance from when student (s) will not be attending the Extended Care. After-School fees schedule are the following:

Full Time Service until 6:00PM	\$50.00 per week
Part Time Service 2:00 PM to 4:00 PM	\$30.00 per week
Part Time Service 3:00 PM to 5:00 PM	\$30.00 per week
1 Hour of service the entire week (2:00 PM – 3:00 PM)	\$20.00 per week
1 Hour of service the entire week (3:00 PM – 4:00 PM)	\$20.00 per week
1 Day per week only	\$17.00 per week

If student is not picked up at the appropriate time (6:00 PM) a fee of \$ 5.00 (Revised 2017) per minute will be charged per student.

As a parent/guardian of the student being registered for the extended care services provided by Mother of Our Redeemer Catholic School, I and my child are aware of all school rules, policies and guidelines are applicable to while the student is at this additional service.

I am the parent/guardian of the student being registered for the extended care services provided by Mother of Our Redeemer Catholic School are aware of my responsibility to pick-up my student within the time frame designed for this service. I am aware if my child is not picked-up within the time an additional fee will be added to my account. In addition, upon second late pick-up Mother of Our Redeemer Catholic School will report to the proper authorities. Please Sign below stating that you have read above and agree on the payments as scheduled.

Child Name: _____

Parent/Guardian Name (Print): _____

Signature: _____ Date: _____ / _____ / _____