

**Sacred Heart School  
Before & After School Enrollment Form**

**1. Scholar Information**

<b>Name:</b>	<b>Nickname:</b>
<b>School Teacher:</b>	<b>Grade:</b>
<b>Ethnicity:</b>	<b>Height:</b>
<b>Weight:</b>	<b>Hair Color:</b>
<b>Allergies/Food:</b>	<b>Chronic Illness/Medication:</b>
<b>Additional Information:</b>	<b>Birthdate:</b>
<b>Names of siblings who attend Before/AfterSchool:</b>	

**2. Parent/Guardian Information**

<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>City/Town:</b>	<b>City/Town:</b>
<b>Home Phone:</b>	<b>Home Phone:</b>
<b>Cell Phone:</b>	<b>Cell Phone:</b>
<b>Comments:</b>	<b>TDY:</b>

**3. Scholar Pick-up Information: All Pickup's Must Bring Valid ID**

Please list persons with phone numbers who you give permission to pick-up your child from the program.

<b>Name:</b>	<b>Phone:</b>
<b>Name:</b>	<b>Phone:</b>
<b>Name:</b>	<b>Phone:</b>
<b>Name:</b>	<b>Phone:</b>

**4. Emergency Contact Information**

In the event of an emergency, please list two people we may contact who now your child and can take full responsibility should you not be available.

<b>Name:</b>	<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Work Phone</b>
<b>Name:</b>	<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>

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**5. After/Before School Program**

**Before School Program**

Rates: K2 to 8 - \$2/day    Preschool -\$5/day (covers 7am to 7:30am and 5:30pm to 6pm)

Circle all days scholar will attend program: Monday, Tuesday, Wednesday, Thursday, Friday, Weekly

Total Amount    \$ \_\_\_\_\_

**After School Program K2 -8**

<b>SINGLE CHILD RATES</b>	<b>FAMILY RATES</b>
<b>1 day - \$25</b>	<b>1 scholar - \$65/week</b>
<b>2 days - \$35</b>	<b>2 scholars - \$105/week</b>
<b>3 days - \$45</b>	<b>3 scholars - \$140/week</b>
<b>4 days - \$55</b>	
<b>5 days - \$65</b>	
<b>Voucher</b>	
<b>10% discount for active service members</b>	
<b>Circle all days scholar will attend program: Monday, Tuesday, Wednesday, Thursday, Friday, Weekly</b>	
<b>Total Amount: \$</b>	

**6. Parent/Guardian Consent to Participate in the After School Program**

Children are required to attend program only on days registered for care. Scholars that attend program without being registered for the day will be charged \$25. Payments for care must remain current. Changes in the days scholars come for care must be known two week in advance, no exceptions. There will be no refund for holidays, snow days, illness or pro-rating for absenteeism. It is our policy to charge \$3/minute past closing time, which is 6pm. In the event of excessive tardiness (i.e. late pick ups) or payments not made by the week before service, patrons may be asked to remove scholars from program. If you are registered, and do not attend for that day, you will still be charged.

In case of an emergency injury or illness, I authorize the Program to call the paramedics. As legal guardian of the above listed student, a minor, I authorize the school representative designee to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered upon the advice of any licensed physician and/or dentist.

The program is not responsible for personal items. I have read and understand the above and handbook.

I give my consent for my child to attend the After School Program and participate in its activities

Yes  No

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_