



### Before & After School Care Form

Please fill first page out for **each** child attending Before & After School Care

Child's Name: \_\_\_\_\_

Sex: F/M DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies/Health Concerns: \_\_\_\_\_

\_\_\_\_\_

#### Schedule

Please write the times your child(ren) will be dropped off and picked up.

	Arrival Time	Departure Time
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		

Is this schedule likely to remain consistent? \_\_\_\_\_

#### Contact Information

Father's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number \_\_\_\_\_ (Home/Cell/Work)

Phone Number \_\_\_\_\_ (Home/Cell/Work)

Mother's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number \_\_\_\_\_ (Home/Cell/Work)

Phone Number \_\_\_\_\_ (Home/Cell/Work)

*Mission: We will meet the unmet demands of our students and families for a Catholic classical education to form a joyful community of disciples of Christ.  
Vision: As a Catholic community, we will increase the number of virtuous leaders, thinkers, and intentional disciples of Christ working to rebuild our culture.*

## Emergency Contact Information

**Name of a local emergency contact:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone Number \_\_\_\_\_ (Home/Cell/Work)

Phone Number \_\_\_\_\_ (Home/Cell/Work)

**Name of a local emergency contact:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone Number \_\_\_\_\_ (Home/Cell/Work)

Phone Number \_\_\_\_\_ (Home/Cell/Work)

I agree the above mentioned person is able to take my child from Before/After Care in the event of an emergency and parents cannot be reached.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Before & After Care Times

**Open Hours:** Monday-Friday 7:00-7:40 AM and 11:00 AM-6:00 PM

**3K/4K Bundle Package Hours:** 7:00 AM-4:00 PM or 7:40 AM - 4:45 PM

## Financial Agreement

I understand that I need to pay my Before & After Care tuition, as stated when I registered for school and selected my tuition plan via PowerSchool.

- Before & After Care fees are billed weekly and due upon receipt.
- Bundle package payments are due by the 20th of the month.

Accounts that are past due will be charged a monthly fee of 1.5% (18% per year) on the unpaid balance.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_