



# St. Elizabeth Catholic School

Where Knowledge, Truth and Values Meet



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## St. Elizabeth Catholic School

### Before & After School Care Program (Revised 01/26)

St. Elizabeth School offers a comprehensive Before and After School Care Program, ensuring your child is safe, engaged, and nurtured by our licensed and caring staff. The program includes supervised activities such as homework help, outdoor play, and enrichment programs designed to support your child's development and well-being.

CHILD #1 (FULL NAME): \_\_\_\_\_ GRADE: \_\_\_\_\_

GENDER: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

CHILD #2 (FULL NAME): \_\_\_\_\_ GRADE: \_\_\_\_\_

GENDER: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

Children may participate in the Before/After Care Program only if they are enrolled at St. Elizabeth Catholic School and a parent or guardian has signed this agreement. A late pick-up fee of \$1.00 per minute, or any portion thereof, will be charged after 5:30 PM. This fee is payable at the time of pick-up or will be added to your school billing statement. Drop-in (daily) use is limited to four (4) times per month, with a 10-minute grace period per visit. Exceeding this limit will result in automatic enrollment in the monthly program, and the corresponding monthly fee will be applied. Submission of this form constitutes a full-year commitment. Should you wish to withdraw from the program, written notification to the school is required.

<input type="checkbox"/> AFTER SCHOOL CARE ONLY (\$200 PER MONTH)	<input type="checkbox"/> DROP-IN/DAY RATE (\$25 PER drop in)
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Medicine & Allergies. List all medications and allergies documented with a doctor's note. Details and additional information are also listed in the child(ren) emergency card on file in the registrar's office.

### CONTACT AND EMERGENCY INFORMATION

MOTHER'S NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

GUARDIAN'S NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

In Case of Emergency, please list person(s) to be contacted IF PARENTS CANNOT BE REACH. No child/children will be released to anyone not on this list. Authorized person must be 16 years or older.

FULL NAME: \_\_\_\_\_ RELATION TO STUDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WORKPHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ RELATION TO STUDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WORKPHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

### CONSENT & ACKNOWLEDGMENT

I/We give consent for my child to participate in St. Elizabeth School's Before and After School Care Program. I acknowledge that qualified, licensed staff will supervise my child(ren), prioritizing their safety and well-being. I confirm my child(ren) is in good health, and I will inform staff of any health needs or allergies. St. Elizabeth School is released from liability, except in cases of gross negligence or willful misconduct. In case of an emergency where I or any listed emergency contact cannot be reached, I authorize school staff to take my child to the nearest medical facility for necessary examination or treatment and subsequently release my child to school staff. Additional details are listed in the child(ren)'s emergency card on file with the registrar's office. Furthermore, I/We grant permission for my child(ren) to participate in all program activities, including homework help, games, outdoor play, and enrichment programs provided by the school. I understand and expect my child(ren) to adhere to the school's conduct expectations. Non-compliance may result in appropriate disciplinary action, including dismissal from the program. I/We also acknowledge that my child must be picked up by 5:30 PM. Authorized individuals listed may pick up my child(ren).

Parent/Guardian's Signature & Date: \_\_\_\_\_