



**Emergency Contacts or Persons Allowed To Pick-Up Child**  
**Need To Be The Names Of Local Persons To Contact After Parent/Guardian**

**In order of who to contact first:**

1. Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
\_\_\_\_\_ Okay to pick up child \_\_\_\_\_ Okay to make Medical Decisions for child

2. Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
\_\_\_\_\_ Okay to pick up child \_\_\_\_\_ Okay to make Medical Decisions for child

3. Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
\_\_\_\_\_ Okay to pick up child \_\_\_\_\_ Okay to make Medical Decisions for child

**Not Allowed to Pick Up Child List**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Medical Information**

(All the information in this document, or stated verbally to Before/After School Staff, will be kept confidential.)

List any known drug reactions, allergies/food allergies which your child has: \_\_\_\_\_

\_\_\_\_\_

Describe any special diet your child may be on: \_\_\_\_\_

\_\_\_\_\_

Is there any medical reason your child cannot participate fully in our Before/After School Program? \_\_\_ YES \_\_\_ NO

If yes, please explain:

\_\_\_\_\_

**Family Physician\*\*\***

**Family Dentist\*\*\***

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**Hospital\*\*\***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\*\*\*All three must be filled out before registration will be accepted! No Exceptions!

**Medical Emergency Release Form**

I, the undersigned, hereby authorize officials of St. John the Baptist Catholic School to contact directly the persons named on this form, and authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named on this form, or parents cannot be contacted, school officials are hereby authorized to take whatever action is deemed necessary in their judgement for the health of said child, including but not limited to rendering first aid, administering CPR, and providing transportation for a sick or injured child to the child's home, hospital, or doctor's office, by ambulance, or other available transportation. **It is the parent's responsibility to keep emergency information on this form current.**

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Notice: St. John the Baptist catholic School does not carry accident or health insurance for your child on your behalf, and encourages you to evaluate your own health, accident and disability insurance to determine if you have adequate insurance for any injuries your child might sustain while at school or participating in school activities. St. John the Baptist Catholic School may have no liability or only limited liability for the cost of emergency care and transportation provided for injuries that occur at school or during activities, pursuant to the Colorado Governmental Immunity Act.

Child Health Plan Plus (CHP+) is a low-cost health insurance for uninsured Colorado children ages 18 and under whose families earn or own too much to qualify for Medicaid but cannot afford private insurance. CHP+ can be reached at (800) 359-1991. The CHP+ web address is <http://www.cchp.org>.

**Release Form - Hold Harmless**

I give permission for \_\_\_\_\_ to participate in all aspects of Childcare (physical and sedentary activities). I acknowledge that participation in these activities involves some risk of injury or death, and I assume these risks. I further acknowledge that the participant is physically capable of performing in physical activities. I release and hold harmless St. John the Baptist Catholic School and its personnel from any liability for any injury or death arising from participation in Childcare.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Please list any activities you wish to have your child to be exempted from: \_\_\_\_\_  
\_\_\_\_\_

**I have thoroughly read and understand the information and questions on this registration form as noted by my signature as follows.**

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Initials used on sign in/sign out sheets

**Tuition Agreement**

**Times:** Before School: 7:00am - 7:45am  
After School: 3:15pm - 5:30pm (after 5:30pm - \$1 per minute late fee)

**Fees:**

<b><u>Annual Registration Fee:</u></b>	
\$50 single child	\$75 family
<b><u>Weekly Rates</u></b>	<b><u>Drop-In Rates</u></b>
\$30 Before School (\$20 for second child)	\$10 Before School
\$70 After School (\$40 for second child)	\$20 After School
\$90 Before and After School (\$60 for second child)	\$30 Before and After School Rates

\*Weekly fees are due each Monday.  
\*\*Drop-in fees are due at drop off for before school or at pick-up for after school  
\*\*\*Fee for late pick-up is due at time of pick-up.

**Sunscreen Protection**

My child/ren \_\_\_\_\_

Please select **one** option below:

- \_\_\_\_\_ I give the SJB Before and After School Care Program staff permission to apply Rocky Mountain Sunscreen on my child before each time my child goes outside.
  
- \_\_\_\_\_ I will provide the SJB Before and After School Care Program staff with my preferred sunscreen and give the SJB Before and After School Care Program staff permission to apply it to my child.
  
- \_\_\_\_\_ I prefer to have my child wear protective clothing instead of sunscreen. I will provide the protective clothing every day for my child.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Date

**I have read and understand the expectations listed below (please initial):**

- \_\_\_\_\_ Students are expected to follow directions, follow school rules, and act appropriately during Before and After School care. Students who are disruptive may be asked not to return to Before and/or After School care.
  
- \_\_\_\_\_ Students must be signed out by the parent or other authorized adult.
  
- \_\_\_\_\_ We reserve the right to refuse service to anyone. Attendance in the Before and After School program will be revoked if a student continues to display misconduct or discipline issues, or if your bill is not paid within one month of the invoice billing date.

**I have thoroughly read and understand the expectations as outlined above.**

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Date

**I agree to the following terms (please initial):**

\_\_\_\_\_ A weekly and anticipated drop-in attendance schedule is due the Friday preceding the week your child is going to attend so that we have enough staff scheduled for each day. It may be turned into the office, the program staff, or emailed to [beforeafterschool@johnthebaptist.org](mailto:beforeafterschool@johnthebaptist.org).

\_\_\_\_\_ Emergency or unplanned drop-ins are accepted with an email to [beforeafterschool@johnthebaptist.org](mailto:beforeafterschool@johnthebaptist.org).

\_\_\_\_\_ Tuition is due on Monday for weekly attendees, at drop off for before school attendees, and at pick-up for after school attendees.

\_\_\_\_\_ A late fee of \$25.00 per child will be assessed if tuition is not received by Wednesday of each week. If the weekly tuition payment and the late fee are not paid in full by Friday, the student may not continue to attend the program until the account is paid in full. If you need assistance, or wish to discuss a payment plan option, please speak with a member of the Before and After School program staff.

\_\_\_\_\_ If a check is returned due to insufficient funds, you will be responsible for any costs of collection, you will be charged a service charge of \$25.00, and your account will be considered unpaid. Certified funds may be required for future payments and your child will be unable to attend childcare until the account is brought current.

\_\_\_\_\_ In the event you withdraw your child(ren) from the program, the annual registration fee is non-refundable.

\_\_\_\_\_ No refunds will be given for a child's absence due to illness or vacation.

\_\_\_\_\_ SJB will not offer the before and after school program on "No School" days or after school care on early dismissal days.

\_\_\_\_\_ SJB will not offer the before or after school program if school is cancelled due to weather or unforeseen closures.

\_\_\_\_\_ A "**LATE PICK-UP FEE**" of **\$1.00 per minute** per child will be assessed if you pick-up your child after 5:30pm. After 3 instances, I understand that the late fee charge starting at 5:31pm is \$5.00 per minute per child.

**I understand each of the above listed terms and conditions as well as the policies and procedures outlined in the 2018-2019 SJB Before and After School Care Program Handbook. I also understand that if I do not adhere to these terms and conditions, my child may not continue to attend the SJB Before and After School program.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date