

**SJB Before and After School Care
Program 2019-2020 Registration Form
BeforeAfterSchool@johnthebaptist.org**

Child's Personal Information

Legal Name (Last name, First name, Middle name)

2019-20 Grade/Teacher

Date of Birth

Student Residential Address

Home Phone Number

Sibling 1 :

Legal Name (Last name, First name, Middle name)

2019-20 Grade/Teacher

Date of Birth

Sibling 2 :

Legal Name (Last name, First name, Middle name)

2019-20 Grade/Teacher

Date of Birth

Sibling 3 :

Legal Name (Last name, First name, Middle name)

2019-20 Grade/Teacher

Date of Birth

Sibling 4 :

Legal Name (Last name, First name, Middle name)

2019-20 Grade/Teacher

Date of Birth

Parent/Guardian Information

Parent 1 Info

Parent 2 Info

Name: _____

Name: _____

Email: _____

Email: _____

Address: _____

Address: _____

Employer/Address: _____

Employer/Address: _____

Work Number/Ext. _____

Work Number/Ext. _____

Cell Phone Number _____

Cell Phone Number _____

Your Child's Schedule

(Please circle the day and session your child will be attending.)

Monday

Tuesday

Wednesday

Thursday

Friday

AM

AM

AM

AM

AM

PM

PM

PM

PM

PM

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 - 6:00pm (after 6:00pm - \$1 per minute late fee)

Fees:

<u>Weekly Rates</u>	<u>Drop-In Rates</u>
\$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.

_____ Emergency or unplanned drop-ins are accepted with an email to 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 6:00pm. After 3 instances, I understand that the late fee charge starting at 6:00pm 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 2019-2020 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