



ASB School Extended Care
Registration Form
2015-2016

Child(ren)'s Name(s) and grade(s) entering: _____

Mother's Name: _____ Father's Name: _____

Family email address: _____

(This email address will be used for billing purposes.)

Mother Home Phone: _____ Father Home Phone: _____

Mother Work Phone: _____ Father Work Phone: _____

Mother Cell Phone: _____ Father Cell Phone: _____

Mailing Address: _____

People who may pick-up your child(ren):

**In the event of an emergency, or your child becomes ill at Extended Care, it is imperative we have up to date information so that you can be notified and arrangements can be made. You will be called first, and only if you cannot be reached will other steps be taken.

AUTHORIZATIONS:

I hereby authorize the staff of Assumption-St. Bridget's Extended Care to take the steps indicated in case of injury or illness to my child.

Signature of parent or legal guardian

I hereby give permission for my child to receive **Tylenol** [] **Ibuprofen** [] **Benadryl** [] (or family provided medicine with instructions) at Extended Care when necessary.

Signature of parent or legal guardian

Emergency Contacts: (Used in case you cannot be reached) **These contacts may also be called if Extended Care is closed and a parent/guardian has yet to pick up your child(ren)**

Emergency Name 1 _____ Phone _____

Emergency Name 2 _____ Phone _____

Student's Physician _____ Phone _____

Student's Dentist/Orthodontist _____ Phone _____

Does your child have any special medical needs (i.e. asthma, allergies to bee stings, foods) or physical limitations or medication taken for this limitation that the staff should know about your child?

ASB Extended Care Enrollment Agreement and Contract Rate Worksheet

| Morning Extended Care Contract Rate | Monthly rate, based on weekly use | Family selections for 2015-2016 | | |
|--|-----------------------------------|---------------------------------|------------------------|------------|
| | | Selection | per child | total |
| ½ AM Extended Care (2-3 days a week) | \$75.00 | | | |
| AM Extended Care (4-5 days a week) | \$125.00 | | | |
| Afternoon Extended Care Contract Rate | | | | |
| 1-5 hours a week | \$100.00 | | | |
| 6-10 hours a week | \$180.00 | | | |
| 11-15 hours a week | \$255.00 | | | |
| Drop in hourly | \$8.00/hour | | will be billed per use | |
| Extended Care Registration Fee (per family) | \$55.00 | X | n/a | \$55.00 |
| | | TOTAL MONTHLY AMOUNT | | |
| * Total monthly amount is multiplied by nine to account for annual use from September-June, while taking into account ½ months in December and June. | | *MULTIPLIED BY NINE | | <u>x 9</u> |
| | | TOTAL ANNUAL AMOUNT | | |

NOTE: Total annual amount will be allocated according to the payment plan that you have chosen for tuition and fees

1. Payment in full, July, 2015
2. Payments split into two equal payments, July and December, 2015
3. Payments split into four equal payments, July, Sept., Nov. 2015 and Feb. 2016.
4. Payments split into ten equal payment, July 2015-April, 2016

****It is intended that these selections, and the submission of the registration form is a contract for use during the 2015-2016 school year. A change to the selected hours may occur under the discretion of the ASB Extended Care Director and Principal, and in agreement with each family on a case-by-case basis.**

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____