

Immacolata After-School Child Care Program Enrollment Form

Child's personal information

Child's Name		Date of Birth
Child's Primary Home Address (Street, City, State, Zip)		Home Telephone
Guardian with whom child primarily resides		
Mother's or Guardian's Name		
Home Address (if different) (Street, City, State, Zip)		Home Telephone
Employed by	Hours of Employment	Business Phone with extension
E-Mail Address		[] Pager [] Cell Phone
Father's or Guardian's Name		
Home Address (if different) (Street, City, State, Zip)		Home Telephone
Employed by	Hours of Employment	Business Phone with extension
E-Mail Address		[] Pager [] Cell Phone

Emergency Contacts and Authorized Persons to Pickup Child

List at least two contacts (not including parents listed above) authorized to be notified if parent cannot be reached due to a medical emergency, or if the child is left at the school beyond program hours. Provide two persons authorized to take child from the program.

Name	Relationship to Child	Address (Street, City, State, Zip)	Telephone during program hours
1.			
2.			
3.			

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize Immacolata School staff to contact:

Note: Immacolata School does not provide accident insurance for your child. This will be the responsibility of the parent or guardian.

Doctor/Clinic Name	Address (Street, City, State, Zip)	Telephone
Preferred Hospital – unless determined by medical personnel		
Insurance Name	Group #	Policy #

Medical information will be supplied by the school office.

Does your child suffer from any chronic / severe health conditions or allergies? [] No [] Yes If Yes, explain:

Program Fees Payment Plan

Check one: [] \$257.00 Monthly Sept.1 - May 1 [] \$578.00 Quarterly Sept. 1, Nov. 2, Jan. 3 & Apr. 2
 A \$5.00 per minute per child **late pick-up fee** is assessed after **5:30 pm** (Paid at pick-up or you will be billed).
 Payments made after the 5th must include a \$25.00 late fee.

I / We understand the program's terms and agree to be responsible for payment of program fees.

Mother's or Legal Guardian's Signature: _____ Date: _____
 Father's or Legal Guardian's Signature: _____ Date: _____