

EXTENDED CARE PROGRAM
2010-2011

Please enroll my child in the extended care program:

_____ Mid-Morning Program (11:00 a.m. – 3:00 p.m.) \$12/day

_____ Half-Day Program (11:00 a.m. – 5:30 p.m.) \$15/day

_____ After School Program (3:00 p.m. – 5:30 p.m.) \$6.50/day

Name of Student _____ Current Age _____ Current Grade _____

Name of Parents _____

Address _____

Phone _____ Cell _____

Father's Employment _____ Phone _____

Mother's Employment _____ Phone _____

Medical Issues _____

(Please contact the school nurse if your child needs any type of medication.)

Name of Doctor _____ Phone _____

Names of those who are approved to check my child out of Extended Care:

Name _____ Phone _____

Name _____ Phone _____

If for some reason the above-named are unable to come for my child, I will send WRITTEN PERMISSION OR CALL for another to take her/him.
ALL EXTENDED CARE ACCOUNTS MUST BE PAID IN FULL BY THE 5TH OF THE MONTH OR SERVICES CAN BE DENIED.

Signature of Parent _____ Date _____

PARENT PERMISSION FORM
EXTENDED CARE PROGRAM
2010-2011

Name of Student	Current Age	Current Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school.

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks (library, park, McDonald's) or for field trips in an authorized vehicle.

In case of emergency, I hereby grant permission for the Director or Acting Director to take the following action:

1. Parents will be contacted and their instructions followed.
2. Should a life-threatening situation arise, the 911 procedure will be activated first and parent notified as soon as possible.
3. In the event parents cannot be reached, the caregiver in charge will determine whether the 911 emergency procedures should be followed or first aid administered at location.
4. In the event parents cannot be reached and the caregiver in charge determines the need to transport to a hospital, an emergency vehicle will be called. Under no circumstances will the school provide emergency transportation.
5. In the event parents cannot be reached, the child's folder which contains his/her medical history, and authorization for emergency medical care will be made available to the emergency personnel.
6. Any expenses incurred under any of the above, will be born by the child's family.
7. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

I hereby authorize the Holy Name Extended Care Director or Acting Director to obtain emergency medical care for my child(ren) named above.

Signature of Parent _____ Date _____