



St. Rita School

Where Faith and Knowledge Meet

**BEFORE/AFTER SCHOOL CARE PROGRAM
2022 - 2023 POLICIES AND PROCEDURES**

St. Rita School Before/After School Care Program 2022 – 2023 Registration Form

REGISTRATION FEE: \$45.00 *(Please make checks payable to St. Rita School)*

Student's Last Name	First Name	DOB	Grade in 2022/2023

ADDRESS:

Street City/Town Zip Home Phone #

FATHER / GUARDIAN:

Name Workplace Name Work Phone # Cell (Father)

MOTHER / GUARDIAN:

Name Workplace Name Work Phone # Cell (Mother)

PARENT EMAIL ADDRESS:

IN ADDITION TO PARENTS, ONE OTHER PERSON MAY BE AUTHORIZED TO DROP-OFF/PICK-UP CHILD(REN):

NAME: _____ PHONE: _____

RELATIONSHIP: _____



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**PLEASE INDICATE WHEN BEFORE/AFTER SCHOOL CARE WILL BE REQUIRED
(CIRCLE DAYS ATTENDING AND INDICATE APPROXIMATE DROP-OFF/PICK-UP TIMES)**

BEFORE SCHOOL
DROP-OFF TIME: **MONDAY** **TUESDAY** **WEDNESDAY** **THURSDAY** **FRIDAY**

AFTER SCHOOL
PICK-UP TIME: **MONDAY** **TUESDAY** **WEDNESDAY** **THURSDAY** **FRIDAY**

IN CASE OF EMERGENCY PLEASE CONTACT:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

DOCTOR'S NAME: _____ PHONE: _____

SPECIAL INSTRUCTIONS: _____

UNDERSTANDING

1. I have been provided with a copy of the St. Rita School *Before/After School Care Program Policies and Procedures*. I have read this statement and understand its contents.
2. I understand that program payments will be charged and paid through FACTS and that my account must be kept current for my child/children to remain in the program.
3. I agree to pay a late fee for payments received after the payment due date.
4. I agree to contact Program Director with any changes to the preceding information submitted. Upon receiving approval from Program Director, I agree to send a new "COMINGS AND GOINGS FORM" to the school office.
5. I give permission for my child/children to take part in St. Rita's School's Before/After School Care Program activities (including but not limited to playing on the playground and in the gym) and absolve St. Rita School from any liability for injuries to my child/children due to these activities.

Parent/Legal Guardian Signature: _____ **Date:** _____