

**STM BEFORE CARE REGISTRATION FORM 2018-2019
GRADES K THROUGH GRADE 5 (NO EXCEPTIONS)**

Student Registration:

Student's Name _____ Grade/Teacher _____
Student's Date of Birth _____ Phone # _____
Address _____
City _____ State _____ Zip _____

Parent(s)/Guardian(s) with Whom the Child Lives:

Name _____
Email _____
Work Phone _____ Cell Phone _____

Name _____
Email _____
Work Phone _____ Cell Phone _____

Siblings Attending Before Care:

Name _____	Grade _____	Name _____	Grade _____
Name _____	Grade _____	Name _____	Grade _____

Emergency Contacts (Other than Parents):

Name _____	Relationship _____	Phone# _____
Name _____	Relationship _____	Phone# _____
Name _____	Relationship _____	Phone# _____

Other People Authorized to Pick Up Your Child:

Name _____	Relationship _____	Phone# _____
Name _____	Relationship _____	Phone# _____
Name _____	Relationship _____	Phone# _____

Medical Information:

Allergies _____

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Other Medical Information or Concerns _____

Physician _____ Phone # _____

I give permission to St. Thomas More Before Care program to make whatever emergency measures as judged necessary for the care and protection of my child while under the supervision of the program. In case of emergency, I understand that my child will be transported to Children’s Mercy South by the local emergency unit at my expense, if the local (police, rescue squad) deems it necessary. In the event of accidental ingestion, I understand that the Before Care staff will contact the Poison Control Center. I hereby authorize the Before Care program to act on my behalf in case of an emergency.

Parent Signature _____ Date _____

Discipline and Discharge Policy (Parents/Guardians: This form must be signed and returned prior to all students start date)

Your child is entitled to a pleasant and harmonious environment. The Before Care Program cannot serve children who display chronically disruptive behavior. The administrative team retains the right to modify these procedures and take whatever disciplinary action deemed appropriate on a case by case basis. Chronically disruptive behavior is defined as verbal or physical activity, which may include, but is not limited to behavior that: requires constant attention from staff, inflicts physical or emotional harm on other children, abuses the staff (physically and or verbally) ignores and disobeys the rules which guide behavior during the school day and during the program time. Reasonable efforts will be made to assist the children to adjust to the program setting. Disruptive behavior will be dealt with in the following manner:

1. If a child misbehaves they will be given a five minute time out in order to cool off and think about their actions.
2. If a second time out is given in the same day, a discipline form will be written by the caregiver. This form will be given to the parent/guardian to read and sign. The report will remain in the child's Before Care file.
3. If a child receives three written Discipline forms, the child will be suspended the from the Before Care program for a week.
4. If, after reinstatement, a fourth behavior-related Discipline Form is given, the supervisor may expel the child immediately without the right of reinstatement.
5. Any behavior, regardless of prior incidents, that endangers other children in the program may result in immediate expulsion from the program without the right of reinstatement.

Parent /Guardian Signature _____ Date _____

Supervisor Signature _____ Date _____

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STM KINDERGARTEN – GRADE 5

Fee Schedule and Payment Options:

Registration Fee, Non-Refundable Due at time of registration \$25.00

Per Day _____ \$10.00

Per Week _____ \$50.00

FOR THE SAFETY OF YOUR CHILD/CHILDREN, STAFF MUST BE NOTIFIED EACH WEEK THE NUMBER OF DAYS YOUR CHILD/CHILDREN WILL BE IN ATTENDANCE. STM STAFF WILL PROVIDE A WEEKLY/MONTHLY CALENDAR FOR YOUR CONVENIENCE.

PAYMENTS WILL BE AUTOMATICALLY DEDUCTED. PLEASE CHOOSE A PAYMENT OPTION BELOW.

Online Payments: Please choose an Option from above list:

_____ Indicate Option (1) Credit Card or (2) Bank Account

Payment by Credit Card (or attach voided check here)

Credit Card: _____ Visa _____ Master Card _____ Discover _____ American Express

Card Number _____ Security Code _____ Exp. Date _____

Please print name on card _____

Billing Address: Street _____

City _____ State _____ Zip _____

Parent/Guardian Signature _____ Date _____