STM AFTERCARE REGISTRATION FORM 2019-2020 GRADES PRE-K THROUGH GRADE 5 (NO EXCEPTIONS)

Student Registration:									
Student's Name		G	Grd/Teacher						
	udent's NameGrd/Teacher udent's Date of BirthPhone #								
Address									
				Zip					
Parent(s)/Guardian(s)	With Whom the	Child Lives:							
Name									
E-mail									
Work Phone	Cell Phone								
Name									
E-mail									
Work Phone		Cell Phor	ne						
Siblings Attending Afte	ercare:								
Name	Grade	N	ame	Grade					
Name	Grade			Grade					
Emergency Contacts (C	Other than Paren	ts):							
Name		Relationship		Phone#					
Name									
				Phone#					
Other People Authoriz	ed to Pick Up Yo	ur Child:							
Name				Phone#					
Name									
Name		Relationship		Phone#					
Medical Information:									
Allergies									

REGIST	RATION FORM CONTINUED Page 2							
Other	Other Medical Information or Concerns							
Physici	anPhone #							
deeme In case local e the eve	dermission to St. Thomas More Aftercare Program to make whatever emergency measures as d necessary for the care and protection of my child while under the supervision of the program, of emergency, I understand that my child will be transported to Children's Mercy South by the mergency unit at my expense, if the local (Police, Rescue Squad) deems it necessary. In ent of accidental ingestion, I understand that the Aftercare staff will contact the Poison Control. I hereby authorize the Aftercare Program to act on my behalf in case of an emergency.							
Parent	SignatureDate							
Your childred modify basis. is not I harm to which made to	dents start date) hild is entitled to a pleasant and harmonious environment. The Aftercare program cannot serve in who display chronically disruptive behavior. The administrative team retains the right to these procedures and take whatever disciplinary action deemed appropriate on a case by case Chronically disruptive behavior is defined as verbal or physical activity, which may include, but imited to behavior that: requires constant attention from staff, inflicts physical or emotional on other children, abuses the staff (physically and or verbally) ignores and disobeys the rules guide behavior during the school day and during the program time. Reasonable efforts will be so assist the children to adjust to the program setting. Disruptive behavior will be dealt with in owing manner:							
1. 2.	If a child misbehaves they will be given a five minute time out in order to cool off and think about their actions. 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 aftercare file.							
	If a child receives three written Discipline forms, the child will be suspended the from the aftercare program for a week. If, after reinstatement, a fourth behavior related Discipline Form is given, the supervisor may expel the child immediately without the right of reinstatement. 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_____

Supervisor Signature______Date_____

Date____

AFTERCARE REGISTRATION FORM 2019-2020

Fee Schedule	and Payment	Options:				
Registration I	F ee, Non-Refur	ndable <u>Due at tir</u>	me of registrat	ion		<u>\$75.00</u>
Per Week		_\$90.00				
½ Day		<u>\$30.00</u>				
attendance. (\$57 will be do May).	Ex: If you choo educted from y	tion must be chosose a 3 day week a your account at th	and your child e end of each	only attends month begin	one day; the wedning in August; e	ekly fee of
<mark>If you need y</mark>		end a day that th				rate of
Option #2 Option #3	Full Week - \$9 4 Day/per we 3 Day/per we 2 Day/per we 1 Day/per we	ek - \$72.00 ek - \$54.00 ek - \$36.00				
Online Paym	ents: Please	choose an Option	n from above	list:		
Indica	te Option #					
		or attach voided of				
	r	_Master Card				
Billing Addre	ess: Street					
City			State	Zip		
This authority above.	is to begin on s	specified date abov	e and remain i	n full force an	d effect as specific	ed
	•	o pick up children tional \$15 in 15 m		_	<mark>d an additional \$</mark>	15 for the
Parent/Guard	lian Signature_				Date	