

Holy Redeemer Catholic School 2018-2019

Pre-K and Beyond the Classroom Enrollment and Authorization

Student Last Name _____

Family Last Name _____

Registration Fee of 25.00 for **each family** is payable at the time of registration for child care. This provides start up revenue for the program. Your first \$25 of service will be covered by this registration fee.

I (We) hereby accept full responsibility for payment fees for:

Student Name _____

I (We) jointly and severally promise to pay to HOLY REDEEMER CATHOLIC SCHOOL the amounts indicated at the scheduled due dates according to FEE SCHEDULE below, which is an integral part of this agreement.

All payments are made to the **Holy Redeemer Catholic School Office**. All payments are due on or before the 10th of the month and will be considered past due after the 15th. A late fee of 10.00 will be charged monthly on all past due accounts. A fee of \$20.00, in addition to any other fees will be charged for any check returned for insufficient funds. **Holy Redeemer Catholic School** reserves the right to exclude any child from Beyond the Classroom with an outstanding balance of more than 30 days. Holy Redeemer Catholic School reserves the right to add any and all collection fees, interest, court cost and/or legal fees to the balance of the tuition and fees due.

The fee for Beyond the Classroom is \$4.50 per hour/per child. The fee is prorated every 15 minutes and includes snacks. **\$20.00 fee will be charged for each additional 15 minutes (per child), if children are not picked up by 6:00 pm. This is in addition to regular hourly fees.**

In the event the student(s) withdraws from the program, all balances owed to the school will then be immediately due. If there has been an overpayment, the amount of the overpayment will be refunded to the parent(s)/guardian(s) named below.

I (We) understand and agree to comply with the provisions of this Fee Schedule Agreement for Beyond the Classroom. I (We) understand that if we are not current with our fees with Beyond the Classroom, I (We) will not be able to continue using the program. I (We) acknowledge receipt of a copy of this+ Fee Schedule Agreement.

Signature of Parent or Legal Guardian Printed Name Date

Signature of Parent or Legal Guardian Printed Name Date

Mailing Address for Beyond the Classroom billing _____

Email Address for Beyond the Classroom Billing _____

For Office Use Only

Date _____ Check# _____ Amount _____ Received by _____

Holy Redeemer Catholic School 2018-2019

Pre-K and Beyond the Classroom Enrollment and Authorization

Student's Last Name _____ Date of Birth _____
Family's Last Name _____ Start Date _____ Grade _____

PLEASE COMPLETE BOTH SIDES OF THE FORM FOR EACH CHILD

Name of Child _____ Age _____

Parent(s) or Guardian(s) Contact Information;

Name _____ Relationship _____

Home Address _____ Home phone _____

Email _____ Cell phone _____

Worksite/employer address _____ Work phone _____

Parent(s) or Guardian(s) Contact Information:

Name _____ Relationship _____

Home Address _____ Home phone _____

Email _____ Cell phone _____

Worksite/employer address _____ Work phone _____

We will always try to contact parents first. However, we are **required** to have emergency contact other than parents. These people are authorized to pick up your child from the facility. Please list all appropriate numbers.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Other people authorized to pick up child in non-emergency situations:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Medical Provider _____ Phone _____

Insurance Company _____ Group /Health # _____

Dentist _____ Phone _____

Does your child have any health concerns: (list below)

My Signature gives permission for the following:

In an emergency, the child care facility has my permission to call an ambulance to take my child to any available physician or hospital at my expense and to obtain medical treatment for my child. In most emergencies, 911 is called and child is transported to nearest hospital and see by Dr. on call. (Parents are notified as soon as possible)

Any form of medications, including over the counter medications and ointment must be accompanied by an **Authorization for Medication** form with parent/guardian signature.

Parent/Guardian

Signature _____ Date _____