

ST. MARY'S VISITATION

Catholic School  Elm Grove, WI

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Mother/Guardian: _____ Cell Phone: _____

Work Phone: _____ Home Phone: _____

Father/Guardian: _____ Work Phone: _____

Cell Phone: _____ Home Phone: _____

Main Family email address: _____

Emergency Information

Emergency Contact (other than parents): _____

Phone: _____ Relationship to Child: _____

Family Physician: _____ Phone Number: _____

In the event of an emergency, I consent to have my child given emergency care or medical treatment as needed until I can be reached. I will be responsible for medical costs incurred in the event of an accidental injury.

Signature of Parent or Guardian: _____

Important Information

My child is allergic to: _____

In the case of an allergic reaction, please provide the following aid: (epi-pen, etc.):

Other physical conditions: _____

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After School Care Schedule

Name of Child(ren): _____

Week of: _____ to Week of: _____
Month Day Year Month Day Year

Child's Name	Monday	Tuesday	Wednesday	Thursday	Friday

Please write your child(ren)'s name(s) in the left hand column and "yes" or "no" under each day to indicate whether or not your child(ren) will be attending After School Care that week.

_____ Check if the above schedule will generally remain the same throughout the year.

_____ Check if you would like for us to go week by week with your family. Please turn in weekly schedules by Thursday of the week prior. Schedules can be obtained in the After School Care room or online at <http://www.stmaryeg.org/after-school-care.html>.

Costs: A registration fee of \$35 must be paid before your child attends After School Care. The cost of your first child to attend ASC is \$6.00/hour. Any other children in your family that attend the program will be charged \$5.50/hour. There is a one-hour minimum charge. After the first hour, families will be charged for 15 minute increments. All children are expected to be picked up by 6:00 p.m. \$1/minute will be charged for every minute after 6:00 p.m.

Note: We are not open on half days of school.

If your schedule changes, please notify ASC staff by phone, 262-782-7057 ext. 204, or by email, rdegrave@stmaryeg.org, so that we know whether or not to expect your child.

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After School Care Pick-Up Permission Form

Parent(s)/Guardian(s): _____

Who will be picking your child up from After School Care?

For safety purposes, the people listed below will be the only people allowed to pick up your child from ASC. Any person on this list must be 18 years or older. We will ask for identification before pick-up.

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Check here if no one besides the parents/guardians listed at the top of this page should have permission to pick your child up from After School Care.

Signature

Date