

**AFTER SCHOOL CARE AUTHORIZED ADULTS  
2017-2018**

**For the safety of all students in after school care, all those authorized to pick your student up from after care must be on file with the school office.**

The following individuals are authorized to pick up my student instead of his/her parents/guardian.

**Please print clearly or type all information.**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Alternate #1

Name: \_\_\_\_\_ Tel.# \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Alternate #2

Name: \_\_\_\_\_ Tel.# \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Alternate #3

Name: \_\_\_\_\_ Tel. # \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to child \_\_\_\_\_

**If *any* of this information changes, please send written notification to the school office.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**AFTERSCHOOL CARE PROGRAM  
MEDICAL INFORMATION FORM**

**2017 – 2018 SCHOOL YEAR**

(Must be returned with the After School Care Program Registration Form)

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**Please PRINT or TYPE all information clearly**

Student First and Last Name: \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**Please include all area codes**

Home Phone: \_\_\_\_\_

Mother Work \_\_\_\_\_ Cell: \_\_\_\_\_

Father Work: \_\_\_\_\_ Cell \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Dental Insurance Company (if different from above) \_\_\_\_\_

Policy Number: \_\_\_\_\_

Student has the following allergies: \_\_\_\_\_  
\_\_\_\_\_



# HOLY SAVIOR ACADEMY

149 South Plainfield Avenue, South Plainfield, NJ 07080

908-822-5890 908-822-5891 Fax

## AFTER SCHOOL CARE PROGRAM 2017- 2018

### Agreement to Pay

*Please sign and return this entire sheet with your registration forms.*

I \_\_\_\_\_ parent/guardian of \_\_\_\_\_  
PRINT Parent/Guardian Name PRINT Student Name

agree to pay all fees incurred for After School Care services. I understand that if payments are not made to Holy Savior Academy on time that my student will not be allowed to attend the after school care program and report cards may be withheld. No refunds will be given for unattended days for those paying the monthly rate. **Payment is required in advance by the 5<sup>th</sup> of each month.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address (Required)

### Release Form

Should emergency medical treatment be necessary, and I am unable to be contacted immediately, I authorize the Holy Savior Academy delegate in charge to act on my behalf and approve appropriate treatment.

I specifically waive claim or claims that may be derived from any accident or injury sustained by my son/daughter on recreational equipment, or any participation in the After School Care Program. I further agree to indemnify and save harmless the above named school, the Catholic Diocese of Metuchen, their staff and all adult supervisors working on their behalf.

Name of Student \_\_\_\_\_

Grade \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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## AFTER SCHOOL CARE PROGRAM 2017 - 2018

### REGISTRATION FORM

*Please print legibly*

**Print** Student Name \_\_\_\_\_ Grade \_\_\_\_\_

**Print** Student Name \_\_\_\_\_ Grade \_\_\_\_\_

**Print** Parent/Guardian Name \_\_\_\_\_

**Print** Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Number \_\_\_\_\_

Email \_\_\_\_\_

Please check one:

Rates for one child:

Monthly till 4:30pm Fee \$175.00 \_\_\_\_\_ Monthly till 6:00pm Fee \$225.00 \_\_\_\_\_

Rates for two children:

Monthly till 4:30pm Fee \$300.00 \_\_\_\_\_ Monthly till 6:00pm Fee \$400.00 \_\_\_\_\_

Daily Rate is \$14.00 per day per child \_\_\_\_\_

A 10% discount is available for families who pay for 10 months of aftercare in full in September.

\_\_\_\_\_  
**Print** Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian **Signature**

\_\_\_\_\_  
Date