



# HOLY SAVIOR ACADEMY

149 South Plainfield Avenue, South Plainfield, NJ 07080

908-822-5890 908-822-5891 Fax

## AFTER SCHOOL CARE PROGRAM 2019-2020 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