

**HIGHLAND CATHOLIC SCHOOL**  
**Extra Innings School-Aged Child Care Center**  
**Registration Agreement**  
**2022-2023 School Year**

Parent's Name(s) \_\_\_\_\_

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade (entering) \_\_\_\_\_ Phone \_\_\_\_\_

**CARE REQUIREMENTS AND FEES**

Please check the days/times that you plan to contract your child with EI.

	MON.	TUES.	WED.	THUR.	FRI.	FEE
Before School (7:00 - school start)						\$
After School (2:40 - 5:00)						\$
After School (2:40 - 6:00)						\$

**TOTAL MONTHLY FEE**     \$ \_\_\_\_\_

**TERMS**

1. **A non-refundable \$35 registration fee** is required to secure your child's position in Extra Innings. You can pay this fee by check or opt to be billed through TADS, which is how you will be billed for Extra Innings on a monthly basis.
2. Please email both our lead staffer, Beth Vitek ([b.vitek@highlandcatholic.org](mailto:b.vitek@highlandcatholic.org)) and our director, Emily Boyle ([e.boyle@highlandcatholic.org](mailto:e.boyle@highlandcatholic.org)) along with your child's homeroom teacher if schedules change for your child and EI.

**2022 - 2023 MONTHLY FEES**

	1 day/week	2 days/week	3 days/week	4 days/week	5 days/week
Morning (7:00-School)	\$54	\$83	\$106	\$130	\$146
After School (2:40-5:00)	\$76	\$130	\$171	\$204	\$241
After School (2:40-6:00)	\$105	\$179	\$226	\$292	\$339

**DROP-IN RATE:** \$14/hour

**Child picked up after contracted hours** - Please plan to pick your child up by your contracted time. Repeated late pick ups will result in a late pick up fee being added to your monthly bill.



**HIGHLAND CATHOLIC SCHOOL**  
**Extra Innings School-Aged Child Care Center**  
**Registration Agreement**  
**2022-2023 School Year**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Grade \_\_\_\_\_

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

Address \_\_\_\_\_ Primary Phone \_\_\_\_\_

Employed at \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

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

Address \_\_\_\_\_ Primary Phone \_\_\_\_\_

Employed at \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Child resides with \_\_\_\_\_

Names and ages of siblings \_\_\_\_\_

Persons who **MAY** pick my child up from Extra Innings (names and phone numbers) \_\_\_\_\_

\_\_\_\_\_

Persons who **MAY NOT** pick my child up from Extra Innings \_\_\_\_\_

\_\_\_\_\_

In case of emergency/illness, call Doctor (name, address, phone) \_\_\_\_\_

\_\_\_\_\_

If you cannot be reached in an emergency, who can assume responsibility for your child (name, address,

phone) \_\_\_\_\_

Preferred hospital \_\_\_\_\_ Allergies? \_\_\_\_\_

The undersigned requests admission to the Extra Innings Child Care Program for the above child and hereby agrees to its tuition policies and procedures.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**HIGHLAND CATHOLIC SCHOOL**  
**Extra Innings School-Aged Child Care Center**  
**Registration Agreement**  
**2022-2023 School Year**

1. In case of accident or injury to my child, I understand that the Extra Innings staff will contact me immediately. If I am not available, the EI staff may contact the friends, neighbors, or relatives whom I have indicated should be contacted in emergency situations. I have provided Extra Innings with the names and phone numbers of the individuals who may be called in emergencies.

If none of the above people are available, I authorized the Extra Innings staff to have my child transported to the hospital indicated on the admission form for treatment.

2. I must provide Extra Innings with a completed medication authorization form, signed by me, if I am to request the Extra Innings staff to give medication to my child while at EI.
3. I give my permission to the Extra Innings staff to administer, on the advice of the Poison Control Center authorities, Syrup of Ipecac (a vomit inducer) in the event of an accidental ingestion of potentially poisonous material. As the parent/guardian of \_\_\_\_\_, I understand that I will be notified immediately of the potential poisoning.
4. I agree to abide by the Health Care Policies as set by the Extra Innings Child Care Program and Highland Catholic School.
5. These arrangements are in effect as long as my child is enrolled in Extra Innings.

\_\_\_\_\_  
(Child's Name)

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Date)