

HIGHLAND CATHOLIC SCHOOL
Extra Innings School-Age Child Care Center
Registration Agreement
2019-2020 School Year

Parent's Name _____

Child's Name _____

Address _____

Birthdate _____ Grade _____ Phone _____

CARE REQUIREMENTS AND FEES

	MON.	TUE.	WED.	THUR.	FRI.	FEE
Before School (7:00-8:00)	_____	_____	_____	_____	_____	\$ _____
After School (2:50-5:00)	_____	_____	_____	_____	_____	\$ _____
After School (2:50-6:00)	_____	_____	_____	_____	_____	\$ _____
	TOTAL MONTHLY FEE					\$ _____

TERMS

- 1) **A non-refundable \$35 registration fee** is required to hold your child's position at Extra Innings.
- 2) Please note that there can be no refunds for illness or withdrawal. Fees will be adjusted for absences due to family vacations.
- 3) Extra Innings is closed Thanksgiving, Christmas Eve Day, Christmas Day, New Years Eve Day and New Years Day; but it is open on some of the other student vacation days and in-service days (contingent upon the number of children signed up for a given vacation or in-service day).

MONTHLY FEES 2018-2019

	1 day	2 days	3 days	4 days	5 days
Before School (7:00-8:00)	\$ 51	\$ 78	\$ 101	\$ 123	\$138
After School (2:50-5:00)	\$ 72	\$ 123	\$161	\$192	\$227
After School (2:50-6:00)	\$ 99	\$169	\$212	\$272	\$319

ADDITIONAL FEES

- | | |
|---|---|
| Fees paid after first Monday of the month | \$15.00 (included in payment) |
| Child picked up after contracted hours | \$ 6.00 for every five (5) minutes for each occurrence
(due when child is picked up) |
| Drop-in fees | \$ 11.00 per hour (due when child is picked up) |

HIGHLAND CATHOLIC SCHOOL
Extra Innings School-Age Child Care Center
Admission Form 2019-2020

Child's Name _____ Birthdate _____

Address _____ Phone _____ Grade _____

Father's Name _____

Address _____ Home Phone _____

Employed at _____ Work Phone _____

Email _____

Mother's Name _____

Address _____ Home Phone _____

Employed at _____ Work Phone _____

Email _____

Child resides with _____

Names and ages of Siblings _____

Persons who **MAY** pick up child from Extra Innings _____

Persons who **MAY NOT** pick up child from Extra Innings _____

In case of an 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 Center for the above child and hereby agrees to its tuition policies and procedures.

Parent's Signature _____ Date _____

HIGHLAND CATHOLIC SCHOOL
Extra Innings School-Age Child Care Center
Parental Agreement
2019-2020 School Year

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

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

2. I must provide the Center 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 the Center.
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 Center.
5. These arrangements are in effect as long as my child is enrolled at the Center.

(Child's Name)

(Parent/Guardian)

(Date)

EXTRA INNINGS
Highland Catholic School
2019-2020 Emergency Information Card

Children's Last Name: _____ **Home Phone**() _____

Home Address: _____

Street City Zip

Child(ren)-Names Grade Date of Birth

Where parents can be reached if not at home (Who should be called first Mom/Dad, please # person and phone)

Mother's

Name: _____

First Last-if different from child's

Place of employment: _____ **Phone:**() _____

Cell/pager:() _____ **Email** _____

Father's

Name: _____

First Last-if different from child's

Place of Employment: _____ **Phone:**() _____

Cell/Pager:() _____ **Email** _____

List two neighbors or local relatives who will assume temporary care and transportation of your child if you cannot be reached:

_____ ()

Name Address Daytime Phone

_____ ()

Name Address Daytime Phone

Daycare Provider (if applicable):

_____ ()

Name Address Daytime Phone

Doctor's Name: _____ ()

Phone

Hospital: _____ **City:** _____

Special medical concerns/allergies/medications currently taking:

Insurance Carrier: _____ **Policy #** _____

AUTHORIZATION

In case of an accident or serious illness, I request the school to contact me.

If unable to contact me, I hereby authorize school to call everyone listed and in case of emergency call 911.

I have read the above statements, and I agree to supply the data on this card with full knowledge of the information in that statement.

Parent/Guardian Signature

Date