



**Summer Extra Innings School-Aged Child Care Center
Registration Agreement
Summer 2023**

Parent's Name _____

Child's Name _____

Address _____

Birthdate _____ Grade (entering) _____ Phone _____

CARE REQUIREMENTS AND FEES

	Monday	Tuesday	Wednesday	Thursday	Friday	FEE / week
Check days attending						\$

TERMS

1. Please note that there can be no refunds for illness or last-minute withdrawal. Fees will be adjusted for absences that were communicated before-hand and for family vacations.
2. Most field trips will take place on Tuesdays and Thursdays of weeks that we have 5 days of EI. Shortened weeks for holidays, etc. may impact days of field trips. There will be an all-encompassing permission slip for you to fill out for each of your children permitting them to attend field trips.
3. Summer E.I. will begin on Wednesday, June 7th, 2023 and the last day of summer E.I. will be Thursday, August 24th, 2023. Summer E.I. hours are 7:30 AM to 5:00 PM daily. Breakfast and snacks will be provided. Please send your child with a lunch, water bottle, swimming suit, towel, sunscreen and an extra set of clothing every day. Summer E.I. will be closed July 3rd - July 5th in observance of the Fourth of July Holiday.

WEEKLY FEES Summer 2023

5 days per week	\$255
4 days per week	\$225
3 days per week	\$190
2 days per week	\$150
1 day per week	\$100

ADDITIONAL FEES AND INFORMATION

There will be NO ADDITIONAL registration or field trip fees for EI this year. A monthly calendar will be sent out with dates of off-campus field trips and an all-encompassing field trip permission slip will be required with submission of your registration paperwork. Should a field trip date/location change, we will send out a notification with as much advance notice as possible. We do still need to provide head counts to our field trip sites, so we ask that you provide us with as much notice as possible when dates or plans change with your schedules as well.



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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.

Guardian's Signature _____ Date _____



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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's Signature)

(Date)