

**BEFORE CARE REGISTRATION FORM**

**Please check one:**

Full Time (4-5 days) \_\_\_\_\_ OR Part Time (1-3 days) \_\_\_\_\_

If part time, days attending \_\_\_\_\_

**CHILD INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Current Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Grade: \_\_\_\_\_ Church: \_\_\_\_\_

**Parent/Guardian [custodial parent] Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_ Parish: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Parent/Guardian Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_ Parish: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Office use only

Registration Fee — \$30.00 per family

Paid -- Cash \_\_\_\_\_ Check \_\_\_\_\_

Dear Parent/Guardian:

Please list below the names of at least 3 persons who are authorized to pick up your child in an emergency. Persons listed should be other than parent/guardian. This is to protect you, your child, and the Notre Dame Academy Before Care Program.

Student's full name Grade Homeroom

\_\_\_\_\_

1) \_\_\_\_\_  
Name (please print) Relationship to student Phone #

2) \_\_\_\_\_  
Name (please print) Relationship to student Phone #

3) \_\_\_\_\_  
Name (please print) Relationship to student Phone #

4) \_\_\_\_\_  
Name (please print) Relationship to student Phone #

5) \_\_\_\_\_  
Name (please print) Relationship to student Phone #

Persons listed above (and on back of form) may pick up my child(ren) in an emergency.

**In the case of a biological parent being “not allowed” to pick up your child(ren), the Notre Dame Academy Before Care Program must have legal documents on file or we can NOT deny the biological parent access to the child(ren).**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENTAL EMERGENCY MEDICAL CONSENT FORM

This form must be presented upon admission for treatment

Child's full name \_\_\_\_\_ birthdate \_\_\_\_\_

In the event that my child (listed above) may require emergency medical care, I hereby give my consent for my child to receive medical treatment at \_\_\_\_\_ (preferred hospital) or the closest hospital available if necessary.

My child's primary physician is \_\_\_\_\_ at \_\_\_\_\_

Address \_\_\_\_\_ phone \_\_\_\_\_.

I agree to pay all the costs and fees contingent on any emergency medical and/or treatment for my child as secured or authorized under this consent.

The Notre Dame Academy Before Care Program states that every effort will be made to notify parents/guardians immediately in case of an emergency.

Child's allergies \_\_\_\_\_  
\_\_\_\_\_

other medical concerns \_\_\_\_\_  
\_\_\_\_\_

routine medications \_\_\_\_\_  
\_\_\_\_\_

last Tetanus shot \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Group number \_\_\_\_\_ ID number \_\_\_\_\_

This consent will be in effect beginning August 2025.

\_\_\_\_\_  
parent/guardian signature \_\_\_\_\_ date \_\_\_\_\_

\_\_\_\_\_  
parent/guardian signature \_\_\_\_\_ date \_\_\_\_\_

## On-Grounds Permission Slip

Dear Parents,

By state law, I must have an on-grounds permission slip signed and on file for every child enrolled in the Notre Dame Academy Before Care Program. Please read and sign below.

Thank you,

*Suzanne Stewart*

Suzanne Stewart  
CEC Director

I request that Notre Dame Academy allow my child to participate in group walks and group activities on the parish grounds and on the surrounding neighborhood sidewalks.

I give permission for my child \_\_\_\_\_, to participate in these group walks and group activities. I understand that it will be at the discretion of the staff when these walks and activities take place. I give my permission for the duration of my child's enrollment at Notre Dame Academy Before School Care.

I hereby release and save harmless the center and any and all personnel from any and all liability for injuries, loss, or other claims arising or resulting from the group walks or group activities which are held outside the fence confines.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Places:** Entire St. Lawrence Community Campus, Notre Dame Academy School Building and Flaget Center Campus

# *Notre Dame Academy*

1927 Lewiston Drive Louisville, KY 40216

## **2025-2026 Before School Care Program**

**Hours:** 6:30 a.m. – 7:30 a.m.  
Program opens at 8:30 a.m. if Notre Dame Academy is on a delayed schedule

**Ages:** 3 year olds to exiting 8th grade

<b>Weekly Fees:</b>	<b><u>Full Time (4-5 days)</u></b>	<b><u>Part Time (1-3 days)</u></b>
1 child	\$50.00	\$40.00
2 children	\$70.00	\$45.00
3 children	\$85.00	\$65.00
4 children	\$95.00	\$75.00

**Part time days must be specified at registration**

Cold and warm breakfast served

Relaxation time

School age children escorted to Notre Dame Academy at 7:30 a.m.

(updated June 2025)