

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: _____

Homeroom: _____ 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 St. Lawrence 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 St. Lawrence 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 St. Lawrence 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 2024.

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 St. Lawrence Before Care Program. Please read and sign below.

Thank you,

Suzanne Stewart

Suzanne Stewart

CEC Director

I request that St. Lawrence Child Enrichment Center 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 the St. Lawrence Child Enrichment Center.

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

St. Lawrence CEC

1925 Lewiston Drive Louisville, KY 40216

2024-2025 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

Weekly Fees:	<u>Full Time (4-5 days)</u>	<u>Part Time (1-3 days)</u>
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.

2025 Summer Care Program

Hours: 6:30 a.m. – 6:00 p.m. Monday thru Friday
Cold and warm breakfast served
Lunches to be brought from home – Program will provide drink
Daily afternoon snack served
Indoor and Outdoor planned and free choice activities and Field Trips.

Ages: 3-4 years of age (registered for our fall Pre-K program) to exiting 8th grade

Activities/ Field Trip Fees (on and off grounds)

\$300.00 PER CHILD — Full Time \$250.00 PER CHILD — Part Time

(FEE COULD INCREASE DUE TO FIELD TRIP COST)

Weekly Fees:	<u>Full Time (4-5 days)</u>	<u>Part Time (1-3 days)</u>
1 child	\$200.00	\$145.00
2 children	\$290.00	\$240.00
3 children	\$440.00	\$330.00

Part Time days must be specified at registration.

Late fee AFTER 6:00 p.m.