

Charlottesville Catholic School
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AFTER SCHOOL CARE PROGRAM RATES
2011-2012

All CCS students are welcome to attend the After School Care Program on a regularly scheduled or drop-in basis. After School Care hours are from 3:30-6:00 p.m. each day that the school is operating on a full-day schedule. There is no After School Care on early dismissal days prior to a holiday.

After School-Care rates for the 2011-2012 school year are as follows:

- \$10.00 per day per child
- \$40.00 per week per child
- Maximum rate for one child per month is \$150.00
- Maximum rate for two children per month is \$225.00
- Maximum rate for three children per month is \$300.00
- The minimum charge is one day

Late Charge: \$1.00 for each minute past 6:00 PM, payable upon parent's arrival.

Please remember that if no other arrangements are made, any student not picked up in car-line will be sent to aftercare and the family will be billed accordingly. *Therefore, if there is any chance that you will use the After School Care Program, please complete one form for each child and return it to the office by August 23, 2011.*

The After School Care Program will begin on the first day of school, August 23, 2011. You will be billed monthly. For billing purposes, August and September are considered one month.

Charlottesville Catholic School
After School Care Program Registration
2011-2012

Per state regulations, please complete one form per child. Leave no line blank. Please keep this sheet updated with all current information. Thank you.

Family Name: _____ Child's Name: _____
Sex: _____ Birth date: _____ Home Phone#: _____

Please list any chronic physical problems, pertinent developmental information, or special accommodations needed: _____

Parents/Guardians

Father: _____ Place Employed: _____
Home phone: _____ Cell phone: _____ Work phone: _____
Home address (if different): _____

Mother: _____ Place Employed: _____
Home phone: _____ Cell phone: _____ Work phone: _____
Home address (if different): _____

Person or agency having legal custody of child: _____
Home Address: _____
Business Address: _____
Home phone#: _____ Business phone#: _____

Emergency Information

Child's Physician: _____ Phone #: _____
Name of insurance company: _____ Policy # _____

Allergies or intolerance to food, medication, etc. (indicate NONE if there are none):

Two emergency contacts (other than parents) must be listed. Both must be local residents who would be able and authorized to pick up child if parents cannot be reached. Please indicate by marking with an * the best phone number(s) to reach parents and emergency contacts for immediate response in case of emergency.

After School Care Registration

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Emergency Contacts:

1. Name: _____ Phone #: _____

Address _____

Relationship to child: _____

2. Name: _____ Phone #: _____

Address _____

Relationship to child: _____

Additional persons authorized to pick up child: _____

If someone other than authorized adult listed above is to pick up child, a note must be sent to school.

Person(s) **not** authorized to visit or pick up child*: _____

*Appropriate paperwork such as the divorce decree shall be attached if a parent is not allowed to pick up the child.

Agreements

1. The Charlottesville Catholic School agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by CCS.
2. If I cannot be reached, the above emergency contacts can be called to pick up my child. Additionally, if I cannot be reached in an emergency, the school has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment which a physician deems necessary for the well-being of my child.
3. I agree to inform the After School Care director within 24 hours or the next business day after my child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately.

Signatures

Parents or Guardian _____ Date _____

After School Care Director: _____ Date: _____

Date Child Began After School Care Program: _____

Date Child Left After School Care Program: _____