

**QUEEN OF ANGELS CATHOLIC SCHOOL  
EXTENDED DAY PROGRAM PARENTAL AGREEMENT**

I understand that I am enrolling my child/ren

*Name of Child(ren)*

in the Queen of Angels Catholic School Extended Day Program for the 2010-2011 school year. She/he will attend: *(check each day that applies)*

Mondays \_\_\_\_\_ Attendance with vary; I will send a note on the days my child will attend

Tuesdays \_\_\_\_\_

Wednesdays \_\_\_\_\_

Thursdays \_\_\_\_\_

Fridays \_\_\_\_\_

I understand that the Extended Day Program is open according to the official school calendar of Queen of Angels Catholic School, and is closed during vacations, teacher workdays, Labor Day, Thanksgiving and Christmas Noon Holidays, last day of school, and inclement weather days.

1. I will update my child's file information as outlined in the Parent Handbook. I acknowledge that it is my responsibility to keep the center advised of significant changes as the changes occur in the information that was provided at the time of enrollment concerning phone numbers, work locations, emergency contacts, family physician, etc.
2. The Program Staff will assume full responsibility for my child from the time he/she arrives at the Program until I sign him/her out of the Program according to the written instructions for departure. A snack will be provided according to the menu posted.
3. I understand that my child will not be allowed to leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel. If it is necessary for someone other than the parent / guardian to pick up the child, I will contact the staff in charge of Extended Day Program to specify that person or persons not previously specified on the form to pick up my child and I understand that identification to establish identity before my child may be released to the parent's / guardian's designee. Email is an acceptable form of notification.
4. If medical emergency arises, the Program staff will first attempt to contact me. If I cannot be reached, the staff will try to contact my child's doctor and the person(s) I have listed as my child's emergency contacts. If the emergency is such that immediate hospital attention is necessary, an ambulance or emergency vehicle may take my child to the hospital.
5. I agree to adhere to the policies and procedures of the Extended Day Program as stated here and in the Parent/Student Handbook, and give my child permission to participate fully in this program.
6. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, or exposure to communicable disease, which include my child.
7. Medication will not be dispensed during EDP hours except in cases of emergency. A Medication Permit Form must be completed in order for medication to be dispensed.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

By August 31, 2010 (or first day used), submit completed enrollment forms to:

Program Director  
Queen of Angels Catholic School Extended Day Program  
11340 Woodstock Road  
Roswell, GA 300

**QUEEN OF ANGELS CATHOLIC SCHOOL**  
**Extended Day Program Enrollment Form**

Child's full name \_\_\_\_\_  
Name child goes by \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
Child's home address \_\_\_\_\_  
\_\_\_\_\_ Child's Phone # (\_\_\_\_) \_\_\_\_\_

**PARENT OR GUARDIAN INFORMATION**

Father's/Guardian 1's name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
Father's address \_\_\_\_\_  
Father's occupation and address of employment \_\_\_\_\_  
\_\_\_\_\_

Father's Work Phone # (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Pager (\_\_\_\_) \_\_\_\_\_

Mother's/Guardian 2's name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
Mother's address \_\_\_\_\_  
Mother's occupation and address of employment \_\_\_\_\_

Mother's Work Phone # (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Pager (\_\_\_\_) \_\_\_\_\_

**FAMILY INFORMATION**

Child resides with: \_\_\_ both parents \_\_\_ mother \_\_\_ father \_\_\_ grandparents \_\_\_ other (please list)  
Brothers and/or sisters (please indicate ages and whether they live with the child)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any other persons living with the child and their relationship (if any) to the child:

\_\_\_\_\_  
\_\_\_\_\_

**PICK UP – I.D. MUST BE PRESENTED**

Persons authorized to pick up child:

**Name** \_\_\_\_\_ **Address (complete street address, city, state, zip code)** \_\_\_\_\_ **Phone** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Custody Restraints/Persons who may **NOT** pick up child:

A. Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

B. Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

C. Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

Persons to contact in case of an emergency when parents cannot be reached:

Name \_\_\_\_\_ Telephone number \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**QUEEN OF ANGELS CATHOLIC SCHOOL**  
**Extended Day Program Physical & Health Form**

\_\_\_\_\_  
CHILD'S FULL NAME

\_\_\_\_\_  
BIRTH DATE

**PHYSICAL ASSESSMENT**

Is there any condition of vision, hearing or speech of which the childcare program should be aware?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this child subject to any conditions which limit participation in outdoor and indoor activities?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this child subject to any health condition which may result in emergency situation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are immunizations up to date? \_\_\_\_\_ Yes \_\_\_\_\_ No. If NO, what is needed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Immunizations are required; please see Parent/Student Handbook.*

Significant Illnesses and Surgeries child has had (give age at time): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any special health related needs of child (allergies, medications, injuries, or other physical problems, mental health disorders, or developmental disabilities) which would limit the child's participation in the center's programs and activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of Parent/Guardian

**EMERGENCY MEDICAL AUTHORIZATION**  
**Queen of Angels Catholic School Extended Day Program**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Authorized Adults**

In the event of an emergency, please indicate your name and phone number where you and another authorized person can be reached.

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Beeper/Cell \_\_\_\_\_  
Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Beeper/Cell \_\_\_\_\_  
Home Phone \_\_\_\_\_

**FIRST AID**

In the event of emergency, I authorize the staff to provide any first aid care deemed necessary for my child.

\_\_\_\_\_  
Signature

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**PARENTAL EMERGENCY MEDICAL CONSENT**

This form must be presented upon admission for treatment.

Child's full name: \_\_\_\_\_ Birth date: \_\_\_\_\_

In the event that my child (listed above) suffers an injury or illness while in the care of Queen of Angels Catholic School Extended Day Program and the facility is unable to contact me/us immediately, it shall be authorized to secure such medical attention and care for my child as may be necessary. I/We agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached. I agree to pay all costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Queen of Angels Catholic School

11340 Woodstock Road

Roswell, GA 30075

## Extended Day Program Fees 2010-2011

Family Name: \_\_\_\_\_

Child(ren)'s Name(s): \_\_\_\_\_

### Extended Day Program Options (please choose one)

- |   |                              |   |
|---|------------------------------|---|
| <b>Limited Program</b><br>(2 or less days per week)   | <b>1 child</b>               | <input type="checkbox"/> \$75.00 per month  |
|   | <b>2 children</b>            | <input type="checkbox"/> \$110.00 per month |
|   | <b>3 or more children</b>    | <input type="checkbox"/> \$150.00 per month |
| <b>Inclusive Program</b><br>(3 or more days per week) | <b>1 child</b>               | <input type="checkbox"/> \$150.00 per month |
|   | <b>2 children</b>            | <input type="checkbox"/> \$260.00 per month |
|   | <b>3 or more children</b>    | <input type="checkbox"/> \$315.00 per month |
| <b>4:00 p.m. Pick-up</b>                              | <b>1 child</b>               | <input type="checkbox"/> \$55.00 per month  |
|   | <b>2 or more children</b>    | <input type="checkbox"/> \$90.00 per month  |
| <b>Daily Rate (includes Late Carpool)</b>             | <b>3:30 p.m. – 4:00 p.m.</b> | <input type="checkbox"/> \$5.00 per child   |
|   | <b>After 4:00 p.m.</b>       | <input type="checkbox"/> \$15.00 per child  |

Queen of Angels Catholic School is concerned about the proper supervision of children after regular dismissal. Any child who has not been picked up by 3:30 p.m. will be sent to the Extended Day Program and the family will be billed at the daily rate.

**Late Fee: \$10.00 per child for each 15 minute increment after 6:00 p.m., or any part thereof.**

*(This will be strictly enforced! All late fees will be added to the next billing)*

**Payments:** A statement of account will be sent home at the beginning of each month. Remittance should be made by check or money order only (no cash) and sent to the school's address. Please make all checks payable to **Queen of Angels Catholic School**. Miscellaneous charges are due within 15 days of the statement date. A late payment charge of \$5.00 or 10% of the total due (whichever is higher) per family will be assessed for any charges that are not paid by the due date. A \$30.00 fee will be charged for any returned check.

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date