

St. Louis Extended Care

2018-2019

Lori Tucker, Director 901-907-6124

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Child Information:

Name:
Date of Birth:
Grade in Fall 2018:

Parent/Guardian Information:

Mother:	Father:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Place of Work:	Place of Work:
Work Hours:	Work Hours:
Home Address:	Home Address:
City, State, Zip:	City, State, Zip:
E-mail:	E-mail:

If parents are divorced or if different guardian, who has custody? _____

Persons other than parents or guardians allowed to pick up child.

1.	2.	3.
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Emergency Info: (other than primary guardian)

Name:	Name:
Relationship:	Relationship:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Place of Work:	Place of Work:
Work Hours:	Work Hours:
Home Address:	Home Address:
City, State, Zip:	City, State, Zip:

Additional children in home:

Name:	Name:	Name:
Age:	Age:	Age:
School:	School:	School:

Health Information

The information that you provide will help us not only care for your child, but also will be vital if an emergency occurs.

1. Is your child on any medications? If yes, please list.

2. Does your child have any allergies or reactions to food or their environment? If yes, please explain.

3. Is your child allergic to bee stings? _____

4. Does your child have a seizure condition? If yes, please explain.

5. Does your child have severe headaches or migraines?

6. Are there any restrictions to physical activities? If yes, please explain.

7. Does your child have asthma? _____

8. Please list any information that you feel would be beneficial to helping us work with your child.

Child's Doctor: _____

Phone number: _____

Hospital or office: _____

Address: _____

Email: _____

Permission / Release

1. I hereby authorize the staff of St. Louis School/St. Louis Extended Care to act on my behalf in seeking and approving emergency medical attention.
2. I release St. Louis School/St. Louis Extended Care from all liabilities of all sponsored activities of the program.
3. I give my permission to leave St. Louis campus for scheduled trips.
4. I give permission for my child's photograph to be taken, and used for program publications.
5. I have completed the application, health history, and my emergency information is current.

Parent Signature: _____ Date: _____

St. Louis After Care

Enrollment Status and Fees

2018-2019

Rates:

After School Care: \$30 Registration fee per child

<p>Full Time - Weekly Rates Kindergarten – 8th grade 1 child - \$60 2 children \$110, per week 3 children \$160, per week Pre-K 3&4 1 child - \$65</p> <p>Additional Fees: ½ days, early dismissal Add \$15 per child to weekly fees</p> <p>School holidays Add \$20 per child to weekly fees</p>	<p>Drop In – Daily Rates Kindergarten – 8th grade \$25 per child Pre-K 3&4 \$30 per child</p> <p>Additional Fees: ½ days, early dismissal Kindergarten – 8th add \$25 per child Pre-K 3&4 add \$30 per child</p> <p>School holidays Kindergarten – 8th add \$35 per child Pre-K 3&4 add \$40 per child</p>
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Please check the appropriate box/boxes below.

- After Care – Full Time
- After Care – Drop In

I agree to pay the fees for the enrollment status that I have chosen above.

Parent Signature: _____ Date: _____