

# St. Louis Extended Care

2022-2023

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## Child Information:

Name:
Date of Birth:
Grade in Fall 2022:

## 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

### 2022-2023

**Rates:**

After School Care: \$35 Registration fee per child

<p><b>Full Time - Weekly Rates</b>          Kindergarten – 8<sup>th</sup> grade              1 child - \$65              2 children \$115, per week              3 children \$165, per week          Pre-K 3&amp;4              1 child - \$70</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><b>Drop In – Daily Rates</b>          Kindergarten – 8<sup>th</sup> grade              \$25 per child          Pre-K 3&amp;4              \$35 per child</p> <p>Additional Fees:              ½ days, early dismissal              Kindergarten – 8<sup>th</sup> add \$25 per child              Pre-K 3&amp;4 add \$30 per child</p> <p>School holidays              Kindergarten – 8<sup>th</sup> add \$35 per child              Pre-K 3&amp;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

Aftercare fees are not prorated, if your child is marked present, they will be charged for the entire afternoon.

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_