

Academy of Saint Bartholomew

Before & After Care Program



Registration Forms
2023/2024

Academy of St. Bartholomew
Before and After Care Program

2023/24 Registratinn & Fee Agreement

1. I understand I am enrolling my child for the entire school year, starting with the first day of school unless stated differently at the time of enrollment.
2. I understand that during vacation (days or weeks) and days when school is closed because of bad weather, there will be no program.
3. I understand that I am responsible for a monthly payment of contracted fees. If I am behind a balance payment for 2 weeks, my child will no longer be permitted to use the daycare facilities. The unpaid balance will be applied to my child's tuition invoice. The policy of the school regarding unpaid balances is applicable at all times.
4. I understand that payment of an annual nonrefundable registration fee of \$50 per student will be required at the time of the enrollment in the program. There will be a \$35 charge for NSF checks written.
5. If my child is having problems adjusting to the program or difficulty maintaining age-appropriate behavior and a respectful attitude toward staff, children and property, a conference will be arranged between the principal, director and staff. (*See Code of Conduct)
6. I understand that dismissal time will be no later than 6:00 p.m. and that a late fee of \$20.00 will be charged for any fifteen increments after 6:00 p.m. A grace period of 15 minutes will be allowed for severe weather unless other arrangements are agreed upon with the Administration.
7. If a medical emergency arises, the program staff will first attempt to contact me. If I cannot be reached, the staff will contact those named as emergency contacts. If deemed necessary, the staff will contact 911.
8. In consideration of the child being enrolled in Before and After Care, on behalf of my child, my spouse, and myself, I hereby assume all risks in connection with the St. Bartholomew Before and After Care and I further release, discharge, and/or otherwise indemnify the Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, the Academy of St. Bartholomew, St. Bartholomew Church, employees and volunteers from all claims, judgments, liability by or on behalf of my child, myself and my spouse for any injury or damage due to the child's participation in Before and After Care, including all risks connected therewith whether foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my child.

I agree to adhere to the Before and After Care Program registration policies and give my child permission to participate fully in this program.

Parent/Guardian Signature: _____

*CODE OF CONDUCT AND DISCIPLINE

Academy of Saint Bartholomew students are expected to conduct themselves in a Christ like manner at all times. Enrollment as a student of the Academy of Saint Bartholomew implies the willingness of both parents and students to comply with the policies and regulation of the school. Children are expected, by their actions and their speech to contribute to our goal of a safe learning environment by reinforcing the values of politeness, respect for themselves and others, courtesy, and self-discipline. Students must refrain from any action that may endanger their health or that of others, that may disrupt others from learning, that may show disrespect for other students or adults, or that may damage or destroy school property or that of others.

ALL Students are responsible for:

- ❖ Accepting responsibility for his/her actions.
- ❖ Showing respect for the members of the faculty and staff, of the school and parish, and taking proper care of books, desks, and other school property.
- ❖ Developing a basic attitude of thoughtfulness, consideration, and courtesy towards all.
- ❖ Following the rules and regulations of the school and extended care program.
- ❖ Adhering to the dress code as stated in the school handbook, and displaying a neat appearance at all times.
- ❖ Refraining from using language of a profane or vulgar nature.
- ❖ Completing work during quiet time and using their time wisely.

Records: Access and Confidentiality

Any information contained in your child's record shall be confidential. We will not share information contained in the records with anyone without the written consent of the parent/guardian. The parent/guardians, however, will have access to all their child's records at any time. Parents have the right to add information, and to request that information be deleted and amended. We otherwise comply with all the rules and regulations regarding student records as established by state standards for daycare centers.

Parent/Guardian Signature: _____

Date: _____

Academy of St. Bartholomew
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Medical Emergency Authorization

Insurance Plan Name: _____

Insurance Plan Number: _____

In the event that reasonable attempt to contact me at _____ or the
other parent or guardian _____ at _____ have been
unsuccessful, I hereby give my consent for the administration of any treatment deemed

necessary by preferred physician _____ at _____
or preferred dentist _____ at _____.

In the event the designated preferred practitioner is not available, I hereby give my consent
for the administration of any treatment deemed necessary by another licensed physician, and
transfer of my child to (Preferred hospital _____
or Preferred medical facility) _____ or any hospital reasonably
accessible.

This authorization does not cover major surgery unless the medical opinion of two (2) other
licensed physicians or dentists, concurring on the necessity for such surgery, are obtained
prior to the performance of such surgery.

Parent/Guardian Signature: _____

Date: _____

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Child Pickup Authorization

Name of Child: _____

Approximate pickup time: _____

The following person(s) have my authorization to pickup my child:

Name of Adult	Identification	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

The Director will have a sign-out sheet that must be signed by the parent or designated pickup adult each day prior to the child's dismissal.

I understand that the names are the only persons designated to pickup my child at the Before and After Care Program. In the event that another is going to pickup my child I will immediately notify the school office at 440-845-6660 ext. 2 of the change and what identification is to be used.

Parent/Guardian Signature: _____

Date: _____

Academy of St. Bartholomew
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Registration Form

Child's Name _____ Birth date _____
Home Address _____
Home Phone _____
Mother's Name _____ Cell Phone _____
Home Address _____ Home Phone _____
Business Address _____ Business Phone _____
Father's Name _____ Cell Phone _____
Home Address _____ Home Phone _____
Business Address _____ Business Phone _____
Email Address _____

If parents cannot be reached in the event of an emergency, please contact:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all allergies and any special precautions or treatment indicated for these allergies:

List any medication currently being administered to the child:

List any chronic physical problem:

List any disease the child has had: _____

Child's physician and/or clinic: _____

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Academy of St. Bartholomew
Before and After Care Program
Fee Payment for 2023-2024

The Rates for St. Bartholomew's Before and Aftercare Program services are as follows:

Before Care: 6:30 - 7:35AM (Per week cost)

1 day a week: \$10

2 - 3 days a week: \$15

4 - 5 days: \$30

After Care: 6:30 - 7:35AM (Per month cost)

1 day a week: \$90

2 days a week: \$164

3 days: \$222

4 days: \$264

5 days: \$300

* Additional siblings will be prorated at monthly rate:
2nd child = 1/2 initial cost, 3rd child = 1/3 initial cost,
4th child = 1/4 initial cost.

***Costs are based on monthly rate - same price per month
no matter how many hours per day in After Care***

Drop in Rate - Daily Rate

\$25 per day, (2nd child is 1/2 of cost)

This is a commitment for the full year, so please try to be as accurate as possible. We understand that schedules may change throughout the year, but we ask that you place an X in the box based on your anticipated use of Before and/or After Care on a monthly basis.

	Before Care	After Care	Number of Students/Family
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

I understand the fee payment regulations and fee agreement and I am willing to abide by it.

Child/Children’s Name(s) _____ Grade _____
 _____ Grade _____
 _____ Grade _____
 _____ Grade _____

Parent/Guardian’s Signature _____ Date _____