

In consideration of my child's registration in the After School Care program, I agree to the following:

- **I agree that I will pick up my child by 6:00 PM or earlier**, and I understand that it is my responsibility to provide alternative arrangements for picking up my child if I am unavailable. After 6:10 PM my emergency contact will be called. At this time an additional \$3.00 charge will be added to my monthly statement.
- If emergency treatment is required and the parents cannot be reached immediately, I will allow the After School Care program director to exercise her own judgment in calling emergency personnel to transport child to the hospital emergency room.
- I understand that After School Care services are only available on days when Holy Family Elementary is in session for a full day. If school is dismissed early due to adverse weather conditions, teacher in-services, etc., After School Care services will not be available. It is my responsibility to pick up my child when school is dismissed.
- I understand that After School Care follows the same rules, procedures, and discipline policy as Holy Family Elementary.
- If I have a question or concern pertaining to events and circumstances which occur at After School Care, **I will first contact the director via phone or e-mail.**

Parent/Guardian Signature

Date

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____