

ST. JOSEPH SCHOOL AFTERCARE PROGRAM
Release and Emergency Contact Information
2009/2010 School Year

Student(s) Name(s): _____ Room: _____
 _____ Room: _____
 _____ Room: _____

Address: _____ Home Phone: _____

Parent/Guardian Information:

1) Name: _____ Relationship: _____

Home Ph#: _____ Work #: _____ Cell#: _____
[If different than above]

2) Name: _____ Relationship: _____

Home Ph#: _____ Work #: _____ Cell#: _____
[If different than above]

Email Address: _____ Note: Email will not be used as a primary means of contact in the event of an emergency. Email may be used to notify you of other important AfterCare information, updates or to inform you in the event of a credit to or outstanding balance on your account.

In addition to Parent/Guardian noted above, I authorize my child/ren to be released only to the following person(s) [Photo ID required]:

| <u>Name</u> | <u>Address</u> | <u>Phone</u> | <u>Relationship</u> |
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Please list any information, such as medical conditions, allergies, medications or other special concerns that AfterCare staff should be aware of relating to the care and safety of your child (use reverse side if needed):

AfterCare Late Pick-Up & Pre-Registration Policies – 1) I understand that AfterCare program staff is employed until **5:25 p.m.** All children must be picked up no later than that time. At 5:30 p.m., if a child has not been picked up, a late fee of \$10.00 will be charged with an additional \$1.00 per minute charge being assessed beginning at 5:35 p.m. In the event of a delay, if you are able, please call the AfterCare number, **(610) 494-4615** to notify the staff that you will be arriving late or that an alternate person will be picking up your child. 2) I also understand that my child must be registered in advance to attend AfterCare and may not arrive unannounced or without AfterCare's receipt of your consent. Parents/Guardians must call the school office (610) 494-0147 prior to school dismissal to register their child if no permission slip has been sent in.

I have read and I agree to abide by the AfterCare policies noted above related to late child pick-up and pre-registration. I understand that it is my obligation to notify AfterCare directly of any changes to the above information during the school year.

Parent/Guardian Signature (Required) _____
 AfterCare Emergency Form 5/09

_____ Date