

# Afterschool Program Agreement 2019 - 2020

Mater Christi School | 50 Mansfield Avenue | Burlington, VT 05401 | 802.658.3992 | www.mcschool.org

Parent name(s) and home address:

\_\_\_\_\_

\_\_\_\_\_

Parent phone: \_\_\_\_\_

Parent phone: \_\_\_\_\_

## 2019 - 2020 Afterschool Program Rates

1 Day or Drop-in:	\$35
2 Days:	\$60
3 Days:	\$70
4 Days:	\$80
5 Days:	\$95

Please list all students who are eligible for 2019-2020 afterschool enrollment and include their 2019-2020 grade level. Circle the days attending. There is also a drop-in option for registered students.

Name	Grade Level	Date of Birth	Days Attending
_____	_____	_____	M T W TH F DROP-IN
_____	_____	_____	M T W TH F DROP-IN
_____	_____	_____	M T W TH F DROP-IN
_____	_____	_____	M T W TH F DROP-IN
_____	_____	_____	M T W TH F DROP-IN

We receive tuition assistance or have applied for tuition assistance and would like to be considered for afterschool tuition assistance.

### Emergency Contacts (who are not parents/guardians)

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_

### Pick up/Release Permission (the following people, not parents or guardians, have permission to pick up my child)

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

### Medical Information

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Insurance Carrier: \_\_\_\_\_ Group #: \_\_\_\_\_  
 ID #: \_\_\_\_\_

Medications given during afterschool: \_\_\_\_\_

In the event of a medical emergency and I cannot be reached, I request Mater Christi Afterschool Program staff assist my child. If the staff feels the situation require additional emergency care, I give permission to seek additional medical treatment. Please initial (\_\_\_\_\_) and date (\_\_\_/\_\_\_/\_\_\_)

I request that my child(ren) be enrolled in the Mater Christi Afterschool Program. I acknowledge the fees for the 2019-2020 school year and agree to the payment policy. I agree to notify the Afterschool Director via the Enrollment Change Form (in front office) one week in advance of any permanent or temporary schedule change.

**INITIAL** →

**SIGN** →

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