

HOLY CROSS SCHOOL CHILD CARE REGISTRATION

**\$50.00 ANNUAL REGISTRATION FEE PER FAMILY
MUST BE SUBMITTED WITH THIS FORM**

**ALL CHILDREN MUST BE REGISTERED AT THE BEGINNING OF THE SCHOOL YEAR
IF THEY WILL ATTEND THE CHILD CARE PROGRAM AT ANYTIME**

Student: _____ Grade: _____ Age: _____ Date of Birth: _____

Student: _____ Grade: _____ Age: _____ Date of Birth: _____

Student: _____ Grade: _____ Age: _____ Date of Birth: _____

Father: _____ Home Number: _____

Work Number: _____ Cell Number: _____

Mother: _____ Home Number: _____

Work Number: _____ Cell Number: _____

Name of Child(ren)'s Doctor _____ Phone: _____

Preferred Hospital: _____

Allergies or Handicaps: _____

Special Instructions or Information: _____

People Authorized to Pick Up My Child(ren): _____

PARENTAL/GUARDIAN CONSENT:

- I hereby consent that the HOLY CROSS CHILD CARE PROGRAM may contact my child's doctor or have my child taken to the nearest hospital in a medical emergency.
- I agree to come for my child when informed that he/she is too ill to remain in the program until pick-up time.
- I agree to pay all fees and to submit appropriate reservation forms in accordance with the rules of the program.
- A \$30 charge will be assessed each time a check is returned and may result in a requirement to make future payments by cash, cashier's check or money order.
- The full Morning Care and After Care fees are charged regardless if the child is present for the entire period.
- If you are going to be late picking up your child, the school must be notified at (301) 949-0053 before 5:45 pm. You will be charged \$1.00 for each minute after 6:00 pm.
- I realize that failure to pay in a timely manner will result in my child not being allowed to continue attendance in the Program. Should any of the information provided on this form change, I will notify the Program Director promptly.

SIGNATURE OF PARENT/GUARDIAN

DATE