MERCY CULTURE PREPARATORY

Before/After School Care

Enrollment Form 2023-2024

When you enroll your student in MC Prep's Before/After School Care program you **agree** to pay the appropriate fees and **respect** the Drop-off and Pick-up time.

BEFORE	AFTER
Before School Care Program begins at **7:30AM**. Any student arriving to school prior to **8:00AM** will be directed to Before School Care. **Cost**: $6 day or $25/week **Grades**: Kinder -12th	After School Care Program begins at **3:45PM** (**12:30PM** for Half Days). The latest time you can pick up your student is **5:30PM** **Cost**: $15 day or $65/week **Half-Day Rate**: $25 per day **Grades**: Kinder – 12th

BOTH
Student that stays for both, Before and After School Care

Cost: $17 day or $75/week
Grades: Kinder – 12th

Child Information

Name _____
(Last)   (First)   (Middle)

Grade _____ Teacher (Homeroom) _____

Address_____

City _____ State _____ Zip _____

Phone (_____) _____ Birth Date _____

Family Information

Mother's Name _____DL#_____

Mobile Phone _____Email Address _____

Father's Name _____DL #_____

Mobile Phone _____Email Address _____

Pick Up Authorization (list emergency contact first if a parent cannot be reached)
Authorized persons who may pick up my child:

Name	DL #	Phone Number	Relation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Code of Conduct – The student, and the whole family agrees to partner with our staff to maintain a healthy and safe environment for our students. If a student is not abiding by our values and is **constantly** disobeying, disrespecting authority, or harming another student in any way they will not be allowed to be part of the Before/After School Program (three negative reports will result in dismissal of the program).

_____   _____
Signature of Parent/Guardian   Student Signature

Health Information

Primary Care Physician _____

Phone _____ _____ _____

Allergies: (Include allergic reactions to medications) _____

_____

List any Medical Conditions:

_____

_____

Authorization for Emergency Medical Treatment

I, _____ (parent/guardian) understand that in

case of illness or injury to my child, _____, the care provider will try to notify me or the person I have listed above in the authorized for pick up list.

_____   _____
Signature of Parent/Guardian   Date