



St. Ambrose Catholic School

4213 Mangum Road Houston, TX 77092

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www.sashornets.org

BEFORE AND AFTER SCHOOL CARE ENROLLMENT FORM

\$30 Registration Fee (per family) **OFFICE USE:** Paid Amount: _____ Date Enrolled: _____

RATES:

- \$1 Per Morning (7:00a.m.- 7:30a.m.)
- \$5 per day if your child is picked up by 4:00p.m.
- \$15 per day if your child is picked up by 6:00p.m.
- \$50 per week – a week consists of 3 or more days in attendance after 4:00p.m.
- \$15/Day Drop-In Only

Late Fees: \$2 per minute charge (per student) if picked up after 6:00 p.m. Payment for late fee is due at the time of pick up paid to the Before and After School Care Director on duty. Before and After School Care phone number is 346-617-0003.

Cancellation or Change Notice: To cancel or change the status of your enrollment, please email the Before and After School Care Director at nbounds@sashornets.org to update the status of your student(s).

Student Name: _____ Birthdate: _____ Grade: _____
 Address/Street: _____ Home Phone: _____
 Father's Name: _____ Mother's Name: _____
 Father's Work: _____ Mother's Work: _____
 Father's Cell: _____ Mother's Cell: _____

Authorized representatives to pick up children and for emergencies:

Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____

List any special conditions that your child may have, such as FOOD ALLERGIES, allergies, illness, long term prescribed medication, or physical disability that would hinder the student from indoor /outdoor activities.

EMERGENCY MEDICAL CONSENT AND INFORMATION

In the event I cannot be reached to make arrangements for emergency medical attention, I authorize the Before & After School Care Program to take my child to the nearest hospital or doctor.

Personal Physician Name: _____ Phone: _____
 Address: _____ City: _____
 Hospital Preference: _____ Phone: _____

I give my consent for necessary emergency treatment by Before and After School Care and/or physician and/or hospital in my absence.

Signature of Parent/Guardian

Date