



Lawrence Catholic Academy

Extended Day Program Application

Please return this application to the Tuition office ASAP. Your child **cannot** begin the program until we have this information. There is a \$15.00 registration fee per family. Please make checks payable to Lawrence Catholic Academy.

Child's Name: _____ Grade: _____

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BEFORE SCHOOL - MY CHILD WILL ARRIVE TO THE PROGRAM BY:

_____ Parent Drop Off

_____ Contract Bus

_____ Private Trans. Arranged by Parent

AFTER SCHOOL - MY CHILD WILL DEPART FROM THE PROGRAM BY:

_____ Parent Pick Off

_____ Contract Bus

_____ Private Trans. Arranged by Parent

Parent/Guardian Information

Names: _____

Address: _____

Phone #: _____ Email Address: _____

Reachable during program hours

Emergency Contacts (EC) and Alternative Pick-up Person (APP): You are required to list at least **two** people with whom you feel comfortable leaving your child and who can assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program. Any changes to this list must be done in writing. No exceptions! Please understand that we will ask for identification from anyone unfamiliar to us. ***If a child is protected by a restraining order please submit a copy.**

*At least 2 EC & APP Required

Contact Name: _____ Phone#: _____ Relationship: _____

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By signing this agreement I understand that I will be billed for any time my child attends the Extended Day Program. All payments are due through Facts/Renweb every Thursday. If the invoice is not paid I understand I will incur a \$30.00 return payment fee through Facts and my child will not be able to attend the program until all financial obligations are paid in full.

All payments will be made through Facts/Renweb. If your payment is late, you will incur a \$30.00 return payment fee (**non-refundable**).

Before School 6:45 am

- Flat Rate: \$5

After School 2:30 pm – 5:30 pm

- First Hour: \$5.00
- After First Hour Flat Rate: \$15
- Late Pick-up after 5:30 pm: \$1 per min.

PLEASE MAKE SURE YOU ARE ON TIME TO PICK UP YOUR CHILD. AFTER TWO OCCURRENCE OF LATE PICK-UP DURING THE SCHOOL YEAR YOUR CHILD WILL NOT BE ALLOWED TO ATTEND EXTENDED CARE.

Signature of

Parent/Guardian: _____ Date: _____



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Emergency Medical Information

Child's Name: _____ Grade: _____

Date of Birth: ___/___/___ Age: ____ Sex: ____

List any chronic conditions, dietary restrictions, or medications:

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Date of Birth: ___/___/___ Age: ____ Sex: ____

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Child's Name: _____ Grade: _____

Date of Birth: ___/___/___ Age: ____ Sex: ____

List any chronic conditions, dietary restrictions, or medications:

Physician: _____ Phone Number: () _____ - _____

Physician Address: _____

Child(ren)'s Dentist: _____ Phone Number: () _____ - _____

Insurance Carrier: _____ Policy #: _____

Emergency Medical Authorization

I hereby give Lawrence Catholic Academy permission to administer basic First aid and/or CPR to my child(ren) _____, and to transport to a hospital for Medical treatment when I cannot be reached or when a delay may be dangerous to my child's health.

Parent/Guardian Signature: _____ Date: _____