



# Southminster School

## Extended Care Registration Form 2019-2020

Submit this form if you are planning to use extended care one time, once a week or daily throughout the year. **Please do not include payment. Your FACTS account will be billed for the Extended Care Fee on March 20<sup>th</sup> or 15 days after you submit this form.**

- Registration Fees:
- 1<sup>st</sup> Time Student Registration \$40 (includes one key card)
  - 1<sup>st</sup> Time Family Registration \$60 (2 or more children -- one key card included)
  - Student Re-Registration \$30 (key card reactivated)
  - Family Re-Registration \$50 (2 or more children -- key card reactivated)

Lost or additional key cards will cost \$15 for each card.

**Medical Information: Children in a 3-year-old and younger class with an Epi Pen for allergies cannot enroll in extended care.**

**Please Note: Children under 2 years of age must be picked up by 5 pm.**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Class/Grade \_\_\_\_\_

Mom's Name \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Dad's Name \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Please indicate:      **Regular User**                      **Occasional User**

**EMERGENCY CONTACT – Emergency contacts must be local and able to pick up within 30 minutes if the parents are not available.**

ALTERNATE PERSON	Phone or Cell#	Address	City	RELATIONSHIP
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Allergies \_\_\_\_\_

Medication \_\_\_\_\_

People approved to pick-up your child: **Please Note: Children will not be released to an individual under 18 years of age.**

\_\_\_\_\_

\_\_\_\_\_

Please list anyone who **may not** pick up your child:

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**

**In the event that I cannot be reached to arrange for emergency medical attention, I authorize the facility director or person in charge to take my child to:**

Name of Licensed Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

I also give my consent, in the event that I cannot be reached, to take my child to Methodist Hospital - Sugar Land for medical treatment. Such consent includes, without limitation, x-rays, injections, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general supervision of any licensed physician/surgeon, whether such diagnosis or treatment is rendered at the office of said physician/surgeon or at the hospital.

\_\_\_\_\_  
 Signature of Parent or Guardian                      Date

**Please Check or Initial:**

- I would like my elementary child to participate in the homework group during extended care.                      Yes      No
- In the event that my child does not bring a snack from home, he/she may purchase a snack for a \$1.                      Yes      No
- The Extended Care fee is \$7.00 per hour.                      Initial \_\_\_\_\_
- The Extended Care late pick-up fee is \$5.00 per minute.                      Initial \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date