

Notre Dame School of De Pere 2018–2019 After-School Program April Monthly Sign Up Sheet

Thank you for your interest in the Notre Dame After School Program! To ensure this program is adequately staffed, this form and payment must be completed and forwarded to the Notre Dame Elementary School office **no later than March 18, 2019.** Monthly sign up forms and/or requests for additional days of child care received **after the 18th will be charged at the drop-in rate.** Any changes to this should be sent and approved by email to jkopp@gracesystem.org. This form is required to participate in the after school program.

Child's First & Last Name _____ Grade/Teacher _____

Parent/Guardian Name(s): _____

Daytime Phone: _____ Cell Phone: _____ Email: _____

Circle the days your child will be attending in April 2019 (Please make note of any other activities occurring):

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|--------|---------------------|---------|-----------|----------|---------------------|
| WEEK 1 | 1 | 2 | 3 | 4 | 5 |
| WEEK 2 | 8 | 9 | 10 | 11 | 12 |
| WEEK 3 | 15 | 16 | 17 | 18 | 19 Not Available |
| WEEK 4 | 22 Not Available | 23 | 24 | 25 | 26 |

Calculate your total fees as follows:

\$11 per day/3+ days per week

\$13 per day/1-2 days per week

\$16 per day/drop-in

Total days Week 1: _____ Fee: \$ _____

Total days Week 2: _____ Fee: \$ _____

Total days Week 3: _____ Fee: \$ _____

Total days Week 4: _____ Fee: \$ _____

Total fees: \$ _____

(Please make checks payable to St. Francis Xavier)

Parent / Guardian Release

Please read carefully, sign and return this form to the Notre Dame Elementary School office. A parent or legal guardian signature on this form is required to participate in the after school program.

For Emergency Treatment

I authorize the Notre Dame of De Pere to arrange for transportation in case of accident or acute illness of the participant. In the event it is not possible to receive instruction for the participant's care, consent is given to any licensed physician for treatment. I allow the physician to administer medication and to perform necessary treatment for the preservation of the participant's health and well-being. I understand that any cost incurred for treatment of sudden illness or accident shall be paid by me. This authorization and consent for treatment is given to Notre Dame of De Pere in conjunction with any authorized event.

General Release of Liability

In consideration for being allowed participant privileges in any program of Notre Dame of De Pere, I hereby assume full responsibility for any risk of bodily injury, death, or property damage and/or while using the premises or any facilities or equipment hereon. I further agree to hold harmless the Notre Dame of De Pere, their partners, directors, officers, employees, agents, and volunteers from any and all claims that may result from any action for damages, including but not limited, to such claims that may result from injury or death, accident or otherwise, during or arising in any way from said activity. I acknowledge that this General Release of Liability of the Notre Dame of De Pere and its partners is binding on me and not my heirs, personal representatives, successors, and assigns.

Parent/ Legal Guardian Signature

_____ **Date** _____