Pope St. John Paul II Catholic Academy

EXTENDED CARE AGREEMENT / EMERGENCY FORM / PICK-UP AUTHORIZATION

Family Name_____ School Year 20____ - 20____

As parent or legal guardian of the student(s) listed below, I/we recognize the value of the community at Pope St. John Paul II Catholic Academy, and I/we agree to the following terms and conditions of the extended Care Program.

1. I/we agree to pay the Extended Care Bill within 5 days of its receipt.
2. I/we understand that a $10.00 late fee will be assessed if not on time. This fee will be assessed every billing cycle until payment is made.
3. I/we understand the billing procedure and know that my child(ren) will be removed from the program if 2 consecutive payments are missed. Once payment is made I may re-enroll my child(ren).
4. I/we will speak with the School's Head of School/Principal if there is a problem with our ability to pay.
5. I/we accept the terms and conditions of this agreement and by signing it, I/we freely agree to abide by the aforementioned terms and conditions.

_____ _____

Parent/Guardian Signature Date

_____ _____

Parent/Guardian Signature Date

Should an emergency arise, I/we give permission to seek and obtain medical attention for my child(ren) listed below. I/we understand that it may be necessary to contact emergency personnel prior to notifying me/us.

_____ _____ _____ _____

Child's Name Age Child's Name Age

_____ _____ _____ _____

Child's Name Age Child's Name Age

Address: _____ City / Zip: _____

Mother's/Guardian's Name: _____ Phone: _____

Father's/Guardian's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Hospital Preference: _____

Physician's Name: _____ Phone: _____

My/Our child(ren) may be pick-up by those listed below. A photo I.D. will be required.

1._____ Relationship: _____

2._____ Relationship: _____