



Holy Rosary Catholic School
 161 9th Street Idaho Falls, ID 83401
 (208) 522-7781 holyrosaryschoolif.org

Family Name: _____

Daycare Program Waiver &
Emergency Information

Child/Children's Names	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____

FATHER NAME: _____ WK PHONE: _____

MOTHER NAME: _____ WK PHONE: _____

Cell Phones: _____

EMERGENCY CONTACTS:

Individuals allowed to pick-up my child from After-Hours:

Name _____ Relationship _____ Phone: _____

Name _____ Relationship _____ Phone: _____

Name _____ Relationship _____ Phone: _____

Name _____ Relationship _____ Phone: _____

Individuals not listed above will be unable to pick-up my child from After-Hours without written notification.

Initial _____

<p>Homework instructions (Please choose one):</p> <p>Please have my child work to complete their homework during After-care. Initial _____</p> <p>My child does not need to complete homework at After-care, we will do it at home. Initial _____</p>

<p>I agree to assume responsibility for instructing my child to follow directions and instructions given by the child care provider (s) in charge. I understand that if my child misbehaves he/she may be removed from child care. Children are expected to follow the code of conduct as written in the Holy Rosary School Handbook.</p> <p>I, the undersigned, am the parent of the above named child and I agree, in taking advantage of this child care service, to release and hold harmless Holy Rosary Catholic School, its officers, trustees, agents, and employees, from any and all claims, demands, suits, costs and charges in connection with or arising out of the child care service including but not limited to, accidental bodily harm or injury to my child.</p> <p>In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Holy Rosary Catholic School child care coordinator or person in charge to arrange for routine or emergency medical care and treatment necessary, including ambulance transportation, to preserve the health of my child.</p> <p>I acknowledge that I am responsible for all charges in connection with any emergency and medical care needed during the time that my child is in childcare.</p> <p>SIGNATURE OF PARENT _____ DATE _____</p>
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After-Hours Program Contract

Statements will be sent home in the family folder on the first Tuesday of each month. I agree to pay my After-Hours account within 2 weeks from receipt of the statement. If payment is not made within 2 weeks, a \$10.00 late fee will be added to my billing. If fees are not collected within 30 days from receipt, I understand that services will be suspended until payment is made. I understand that accounts will not be carried over. Please refer to the School handbook for the complete After-hours billing policy.

Initial _____

I give permission to include my child in neighborhood field trips to Kate Curley Park and surrounding area.

Initial _____

I have given the After-Hours Program all current emergency information and will up-date as needed. Changes in telephone numbers, addresses, and pick-up information must be given immediately for the safety of my child. Initial _____

Parent's Signature: _____ Date: _____

Mission Statement

Holy Rosary Catholic School's mission is to use its Christian Catholic traditions and community resources to empower and celebrate student achievement, so that our students will have a secure environment in which to grow in their knowledge of God, themselves, community, and academics and use that knowledge to reach their God-given potential.