

Prince of Peace School
4650 Preserve Parkway, Hoover, Alabama 35226
(205)824-7886

AFTER SCHOOL CARE # 482-5612
After School Care Registration Form

Family Information:

Parents' Names: _____

Address: _____

Street City State Zip

Home Phone: _____

Father's Place of Employment: _____ Phone: _____

Mother's Place of Employment: _____ Phone: _____

Father's Cell: _____ Mother's Cell: _____

Children Attending After School Care:

Name	Grade
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Program Fees:

Registration Fee- \$25.00/child

Daily Fee- 1 child-\$8.00 per day 2+children-\$6.50 per child per day

Late Fee- A late fee of \$1.00 per minute will be automatically added for any child picked up after 5:45 p.m.

Hours of Operation

Monday-Thursday 3:15p.m.-5:45p.m.

Friday 2:15p.m.-5:45p.m.

***Late pick up for non-registered students or early pick-ups:**

Students picked up by 3:15 will not be charged. Students picked up by 3:30 will be charged \$5.00 and a registration fee of \$25.00 will be automatically applied to next month's bill.

I understand that, in order to participate in the After School Care Program, I will be responsible for signing my child/children out and recording the departure time.

Parent's signature

Date

We Light the Candle, They Light the World.

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After School Care
Health and Parental Authorization

A separate form must be completed for each child.

Child's Name: _____
Grade: _____ **Age:** _____

Parental Authorization for pick up of Child

Name	Relationship to Child	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

*Unless a child has a written note of change from a parent, only the authorized individuals listed above will be allowed to sign out the child.

Emergency Contacts (to be contacted when a parent can not be reached)

Name	Relationship to Child	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Child's Physician: _____ **Phone:** _____
Child's Dentist: _____ **Phone:** _____

In the event of a serious injury or accident which requires immediate emergency attention and the parent or designee can not be reached, I hereby authorize the After School Care Program Supervisor and Prince of Peace School to transport my child, _____, by ambulance to the nearest hospital or health care facility. I further authorize any and all medical treatment deemed necessary for the treatment of my child. Every reasonable effort will be made to contact the parents and/or guardians or other designated adults for consultation regarding the injury and/or treatment.

Insurance Company: _____ **Policy Number:** _____
Hospital Preference: 1. _____ 2. _____

Parent's Signature: _____

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