



Saint Paschal Baylon Catholic School

5360 Wilson Mills Road
Highland Heights, OH 44143
(440) 442-6766 Fax (440) 442-1729
www.saintpaschal.com



Before Care Program Information

- Mrs. Teri Valentino will be the supervisor of the children.
- The Registration Fee is \$25.00 per family. However, if you are enrolling in the Extended Day Program (after school care), the Before Care registration fee will be waived.
- A flat fee of \$6.00 per day for one child, \$10.00 per day for two children, and \$15.00 per day for three children will be billed on a bi-weekly basis.
- You may arrive with your child as early as 7:00 am. Please park your car and enter the school building in order to sign-in your child. Before Care ends at 7:45 am when the children will go to their homerooms.
- You may pack breakfast for your child, or they may have a Pop-Tart/breakfast bar provided by the school during Before Care. No beverages will be provided.

Saint Paschal Baylon Catholic School
Before Care Program Registration

Child's Last Name: _____ First Name: _____
Gender: _____ Male _____ Female Date of Birth: _____
Grade: _____ Teacher's Name and Homeroom Number: _____
Home Address: _____
Mother's Name: _____ Mobile #: _____
Mother Living with Family: _____ Yes _____ No
Father's Name: _____ Mobile #: _____
Father Living with Family: _____ Yes _____ No
Parent with Custody: _____

If parents are not available, please provide the name and phone number of an emergency contact person:

Name: _____ Mobile #: _____

EMERGENCY MEDICAL DATA:

In the event reasonable attempts to contact me at _____ (phone #), or other parent/guardian _____ at _____ (phone #) have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by Dr. _____ (preferred physician) at _____ (phone #) or Dr. _____ (preferred dentist) at _____ (phone #), or in the event this designated practitioner is not available, by another licensed physician or dentist, and the transfer of my child to _____ (preferred hospital) or any hospital reasonable accessible.

Family Insurance Data: Company Name _____ Policy # _____
Insurance company phone number: _____

I agree to pay my bill in full weekly, and I understand that a \$5.00 fee will be added to my account weekly if my account is not paid in full every week.

*Facts concerning the child's medical history including allergies, medication being taken, and any physical impairment to which a physician should be alerted:

I do hereby give permission for my child to participate in Extended Day programs and activities. I understand that no liability is assumed by Saint Paschal Baylon Church or School, or other Program sponsors or staff.

Signature of Parent/Guardian

Date

Saint Paschal Baylon Catholic School
Before Care Enrollment Agreement

I am in agreement with the following policies regarding my child(ren)'s enrollment:

1. I understand that a registration fee of \$25.00 per family will be charged, unless already paid through Extended Day. Any family planning to use the Before Care Program even once during the year must pay the registration fee.
2. I understand that the fee for the program is \$6.00 per day for one child, \$10.00 per day for two children, and \$15.00 per day for three children.
3. I understand that the billing will be done on a bi-weekly basis. A bill for the previous week, including late charges, will be sent home with my child on Thursday (via Communication Folder). Payment is due upon receipt.
4. I understand that the program will charge a \$5.00 late fee to all accounts if not paid by the following Tuesday.
5. I understand that my child(ren) can be dis-enrolled from the program for the following reasons:
 - Overdue or outstanding accounts
 - Disruptive, unruly, and/or inappropriate behavior. If a child is withdrawn from the program, all accounts are to be settled.
6. I understand that report cards will be withheld and access to grades suspended should payment not be current. All accounts should be settled in full at the end of the school year.
7. I understand that I am, or the "drop-off" person, is responsible for signing in my child(ren) daily.

(Cut and return with registration materials and the \$25.00 registration fee)

I understand the Enrollment Agreement, and I agree to maintain these standards.

Child(ren)'s Name(s): _____

Parent Signature: _____

Date: _____

Saint Paschal Baylon Catholic School
Before Care Childcare Discipline Policy

There is a need for sound and positive discipline methods. Part of our philosophy at Saint Paschal Baylon Catholic School Before Care Program is to instruct and guide children into a pattern of responsible behavior. A three-part discipline method as described below is used at the Before Care Program.

1. Children will
 - Respect adults, other children, and property
 - Be kind to all
 - Use nice words
 - Be helpful
 - Share
 - Care for all materials
2. A child who intentionally and willfully breaks the above stated rules will be reminded in a positive manner of the need to follow these rules.
3. If a child continues to break these rules, or be unruly, parents will be requested to assist in reinforcing the rules. (All inappropriate behavior is documented and signed by the parent).

If this three-step system is not effective, and all other means have been exhausted, for the sake and safety of the other children, the Before Care Program reserves the right to give notice of dis-enrollment from the Program.

(Cut and return with registration materials and the \$25.00 registration fee)

I understand the Discipline Policy, and I agree to maintain these standards.

Child(ren)'s Name(s): _____

Parent Signature: _____

Date: _____