

St. Dominic Catholic School
After School Care
2020-2021

To: All School Families

After school care is available for your child(ren) at St. Dominic Catholic School from 3:00 PM until 5:30 PM. (Preschool- 2:30 PM-5:30 PM). We are closed on all school holidays, half school days, the week of Thanksgiving and the last day before Christmas break. A snack is provided each day.

To ensure your child's place in After School Care this year (2020-2021), please complete the enclosed registration form and return it along with a check for the registration fee of **\$50.00 per child to the School Office**. If you need additional forms, please contact the School Office (661-5226) for PK – 8th Grade students or simply duplicate the one enclosed.

We have asked for email addresses as this will be our primary form of communication to you regarding your after school care fee, changes and updates to the After School Care Program, and any questions you have can be answered by calling or emailing the School Office. All paperwork and the St. Dominic Authorization Fee Payment Form must be completed and returned to the school office to complete your enrollment in St. Dominic After School Care Program for 2020-2021.

PK2 – 8th Grade

Registration Fee \$50.00 per child (*non-refundable*)

RATES:	1-5 Days
1 Child	\$50.00
2 Children	\$70.00
3 or More Children	\$80.00

Any request for a child to be released for sports practice, piano lessons, dance, etc. must be in writing to the After School Care Director. A late charge of \$5.00 for the first five minutes will be imposed each time a child is not picked up by 5:30 p.m. and \$1.00 for each minute after the first five. There will be (1) late fee exception allowed per semester.

If you have any questions, please call the After School Director, Susan Barber at sbarber@stdominicmobile.org or you may call Patty Reed in the School Office at 661-5226 or email at preed@stdominicmobile.org.

ST. DOMINIC CATHOLIC AFTER SCHOOL CARE REGISTRATION FORM

PK2 through 8th Grade

2020-2021 School Year \$50.00 Registration Fee per child

Mother's Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Work Phone _____
 Employer Name _____

Father's Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Work Phone _____
 Employer Name _____

Emergency Contact _____
 Emergency Contact _____
 Pickup Authorization _____
 Pickup Authorization _____

Phone _____ Relationship _____
 Phone _____ Relationship _____
 Phone _____ Relationship _____
 Phone _____ Relationship _____

EMAIL ADDRESS: _____

Circle Name of Contact for Email Address: MOM DAD OTHER _____

CHILD 1

CHILD 2

CHILD 3

Grade			
Age Male/Female (M/F)			
First Name, Middle Initial			
Last Name			
"Goes By" Name			
Birthday (MM/DD/YY)			
Does your child have any food allergies?			
Does this child have any physical conditions of which we should be aware?			

I have read the following agreement and understand what is required for my child to be enrolled in the After School Program.

1. I agree to pay all registration fees required in advance of my child attending the program.
2. I agree that all my ASC Tuition will be paid via St. Dominic Catholic School Automatic Fee Payment Agreement.
3. I understand that my child(ren) will support all rules and regulations and understand that they may be asked to leave should incidences reoccur.
4. I will notify the Director immediately if for some reason I am not pleased with the care my child is receiving.
5. I agree to support the staff in their effort to provide a safe and respectful environment.
6. I agree to pay ALL Late Fees and Return Authorization Fees.
7. I, _____ authorize St. Dominic staff to obtain emergency medical treatment for my child(ren) in case of emergency.

 (SIGNATURE OF PARENT OR GUARDIAN)

 (DATE)

ARCHDIOCESE OF MOBILE
PARENTAL/GUARDIAN COVID-19
CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and as a result, social distancing is recommended. _____ Parish/School will follow state and local standards of conduct and has put in place reasonable preventative measures to reduce the spread of COVID-19 at its Parish/School activity (including but not limited to summer camp.) However, even though such standards will be followed and reasonable measures put into place. Parish/School cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Parish/School activity could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that my child(ren) and I may be exposed to or infected by COVID-19 by participating in the parish/school activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-10 at _____ Parish/School may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Parish/School employees, volunteers, and program participants and their families.

Consider the foregoing, however, I _____, grant permission for my child, _____, to participate in this parish activity that may require transportation to a location away from the parish site, notwithstanding the risks associated with the COVID-19 virus and group activities.

I confirm that there are no necessary changes to the Medical Information Consent form for my child that I previously submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

I further agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to release, indemnify, hold harmless, and defend _____ Parish/School and The Roman Catholic Church of the Archdiocese of Mobile, their members, directors, officers, employees, agents and representatives ("indemnitees") associated with the event arising from or in connection with the negligent acts or omissions of the indemnitees' in relation to prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE THAT I AM AGREEING TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE INDEMNITBES' FROM THEIR OWN NEGLIGENCE IN REGARD TO THE INDEMNITEES' NEGLIGENT ACTION AND/OR INACTION IN REGARD TO PROTECTION AGAINST THE COVID-19 VIRUS.

Signature: _____ Date: _____

