

**Divine Mercy Academy  
Early Childhood Center  
Before & After Care Program Registration**

Student Name \_\_\_\_\_ 3yr PS \_\_\_\_\_ 4yr PS \_\_\_\_\_

Student Name \_\_\_\_\_ 3 yr PS \_\_\_\_\_ 4 yr PS \_\_\_\_\_

Student Name \_\_\_\_\_ 3 yr PS \_\_\_\_\_ 4 yr PS \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

\_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**See reverse side for emergency contact information.**

The following people are authorized to pick up my child. I understand that if anyone other than the names of the person listed below are to pick up my child for any reason, I must contact the Program Aide, in advance, or my child **WILL NOT** be released to that person. (see the reverse side for additional emergency contacts)

• Name \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_

• Name \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_

• Name \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_

**(Circle the day/days needed for care and check A.M. or P.M.)**

	Monday	Tuesday	Wednesday	Thursday	Friday
A.M. Care	_____	_____	_____	_____	_____
P.M. Care	_____	_____	_____	_____	_____

If you would need to contact the teacher/aide from 2:30 p.m.-6:00 p.m. please call the school office (412-373-0889). It is ***important*** that you call the **school office** for anything pertaining to the Before & After Care Program during school hours (9:00-2:30).

**I have read the GUIDELINES for the Divine Mercy Academy Early Childhood Before & After Care Program and agree to follow them if my child is admitted into the program.**

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Parent/Guardian**

Date: \_\_\_\_\_

## OVER

### GUIDELINES for the DIVINE MERCY ACADEMY EARLY CHILDHOOD BEFORE & AFTER CARE PROGRAM (PLEASE READ AND **KEEP** THESE GUIDELINES)

Cost of care: **\$5.00/hr./child** - **\$2.50/half-hour**

- Open ***only*** on days that school is in session.
- 7:00-8:45 a.m. (9:00- 10:30 a.m. on delay days) and 3:00-6:00 p.m. Please be on time for pickup.
- Every ***15 minutes past the half-hour*** is charged for the ***half-hour***.
- Adult/child ratios 12-1 for primary and 15-1 for elementary students.
- Available for 3 & 4 year preschool through 8<sup>th</sup> grade students.
- A **\$25 registration fee per family** will be charged at time of registration.
- A snack will be provided each day.
- All checks should be made payable to: **Divine Mercy Academy**.
  
- I will pick up my child by 6:00 p.m. at the latest. Before & After Care aides are finished at 6:00 p.m. A late fee must be paid in ***cash***, **\$5.00/5 min./child**, if a parent is late in order to pay for the worker's time. The clock in the room will be used for time.
  
- I will complete the emergency care portion of the registration for each child I will be enrolling in the Program. Please list any allergies or physical restrictions.
  
- **No medication** will be administered.
  
- The Program will be held in the school. I realize that I (or the designated person) must go into the school and sign the attendance sheet when I drop off or pick up my child. Children are not permitted to meet their parents or guardians in the parking lot.
  
- There will not be Before & After Care due to:
  - A problem in the physical plant.
  - School is closed due to weather **or** school is not in session
  - Half-days before a holiday
  
- Your child/children can be removed from the Program for the following reasons:
  - Discipline problems.
  - Not following the guidelines.
  - Lack of payment.
  
- The guidelines are subject to change.

**PLEASE KEEP THESE GUIDELINES FOR YOUR REFERENCE.**

**Emergency Contacts:** List two (2) neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

\_\_\_\_\_  
Emergency Contact Name                      Relationship                      Phone #

\_\_\_\_\_  
Emergency Contact Name                      Relationship                      Phone #

**Allergies or Other Medical Conditions:**