



After School Care Program

Dear Parents,

Welcome to the After Care program as part of Burlington Catholic School. We look forward to another successful year with your children.

Registration fills up quickly so I want to give you some helpful hints in making sure your enrollment goes smoothly.

1. All attached paperwork must be filled out and enrollment fee paid to guarantee a spot in the program.
2. The enrollment fee (\$75 per family) WILL BE AUTO-WITHDRAWN on the nearest 15th of the month if a check is not included with the completed enrollment paperwork.
3. All future payments will be auto-withdrawn on the 15th of each month. You will receive notification of the amount ahead of time.
- 4. A voided check is required with this paperwork.**

If you have any questions, please feel free to contact me, I'd be happy to help.

Emily Berg
262-763-1515
eberg@ourbcs.org



After Care Registration Form

2023/2024

Name of Child(ren): _____ Date of Birth: _____

_____ Date of Birth: _____

Grade(s) enrolled in 2023/2024: _____ Teacher's Name (if applicable): _____

Parent/Guardian Name(s): _____

Address: _____

Home Phone: _____ Family Email(s): _____

Contact Information

1. Mother's Work Phone: () _____ Cell: () _____

2. Father's Work Phone: () _____ Cell: () _____

3. Additional Emergency Contact Name _____ Phone Number: () _____

4. Additional Emergency Contact Name _____ Phone Number: () _____

Alternate Pick Up Names & Contact Information:

I authorize the following individuals to pick my child up from the After School Program.

(Identification may be required from the authorized person. If someone other than those indicated or the parent is picking up a child, we will need notification from the parent before we will release any child.)

An Enrollment Fee of \$75 per family is due with this registration form.

Note: Any child(ren) who attend(s) the St. Mary Campus will be transported by Thomas Bus to the St. Charles campus for After Care which will allow for one pick up!

_____ **After School: 3:00 pm to 5:30 pm \$6.50 per scheduled hour (1 hour minimum)**

\$7.50 drop in-rate per unscheduled hour(s)

****UPON AVAILABILITY ONLY, MUST CALL AHEAD TO CONFIRM****

If your child does not come on the designated days as scheduled, this is considered absent. No adjustments can be made after billing for illness, cancellation because of weather, family vacation, and/or holidays, extra curricular activities, or occasional changes in pick up time.

Please report any absences, via phone or email to morozco@ourbcs.org - or - 262-763-2848

All billing will be in half hour increments after the first hour.

A monthly schedule should be provided for **each** child. Please email, or send a paper copy of your child(ren)'s schedule to morozco@ourbcs.org **before** the last day of each month for the following month. Families will be charged at the beginning of each month. Monthly invoices and/or statements will be sent by email.

Payments will be auto-withdrawn each month. (Please fill out attached required forms) Fees from the current month's schedule will be withdrawn from your Checking or Savings Account on the 15th of each month. A \$20.00 fee will be assessed on any Auto-Withdrawal resulting in insufficient funds. Late-pickup fee (time accrued after 5:30 pm) will be charged at \$1/minute.

HEALTH HISTORY AND EMERGENCY CARE PLAN

NAME OF STUDENT (LAST NAME, FIRST NAME): _____

1. Food Allergies – Specify Food(s)

2. Other Health Conditions – Specify.

- Asthma
 - Bee Stings
 - Diabetes
 - Emotional/behavior disorder including ADD or ADHD
 - Epilepsy/seizure disorder
 - Gastrointestinal or feeding concerns including special diet and supplements
 - Cerebral palsy/motor disorder
-

3. Other condition(s) requiring special care –Specify

4. Triggers that may cause problems – Specify.

5. Signs or symptoms to watch for – Specify.

If daily medication is needed, please see your child's teacher.

We have a **MEDICAL RELEASE FORM** that will need to be filled out.

In case of an accident or serious illness, I request that the teacher in charge contact me. If you are unable to reach me, I hereby authorize the program to seek emergency assistance.

Signing this contract indicates acceptance to payment terms. It also indicates acknowledgement of this contract with Burlington Catholic School's Extended Care Program.

SIGNATURE – Parent or Guardian: _____ Date: _____

Burlington Catholic School

(St. Charles Campus)

449 Conkey St.

Burlington, WI 53105

(262) 763-2848

NAME OF STUDENT (LAST NAME, FIRST NAME):

**AUTHORIZATION AGREEMENT
AUTOMATIC WITHDRAWALS (ACH DEBITS)**

I (we) hereby authorize **BURLINGTON CATHOLIC SCHOOL** hereinafter called COMPANY, to initiate DEBIT entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) (Branch)

(Address) (City, State) (Zip)

(Routing Number) (Account Number)

Type of Account: _____ Checking _____ Savings () Personal OR () Business Account

This authority is to remain in full force and effect for the current school year or until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual(s) Name)

\$ __ Per invoice __ to be withdrawn, September 15, October 15, November 15 December 15, January 15, February 15, March 15, April 15, May 15, and June 15 or next banking day.

(Authorized Signature) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM