

# Our Lady of the Assumption Church Extended Care Program (ECP) 2011-2012 Parental Agreement

*Form 1 of 4 Required*

RETURN COMPLETED FORMS and \$30.00 REGISTRATION FEE PRIOR TO MAY 15, 2011. ALL DOCUMENTS RECEIVED AFTER THIS DEADLINE PAY A \$50.00 REGISTRATION FEE. Drop-In families ONLY will pay registration fee upon the first use of the program. The Archdiocese of Atlanta prohibits any child from admittance into the program without ALL SIGNED AND CURRENT REQUIRED DOCUMENTATION on file at the ECP office.

Submit to: Dorothy Mickwee, ECP Director / OLA Church / 1350 Hearst Dr., N. E. / Atlanta, GA 30319

Our Lady of the Assumption Parish Extended Care Program (ECP) agrees to provide care for the following student(s) who will attend the program as indicated in the Child Enrollment Agreement.

*Please print legibly: First Name / Middle Initial / Last Name*

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

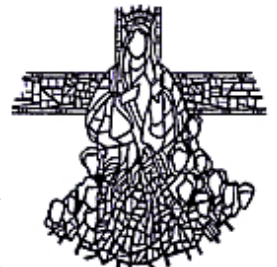
My child(ren) will participate in the following meal plan: **Afternoon Snacks**

1. I agree to keep my child's records current and to submit in writing any changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, etc.
2. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medication, pertaining to my child. The Department of Human Resources requires that the Director "report any case of communicable diseases or suspected child abuse, neglect, exploitation or deprivation to the proper authority".
3. I hereby authorize and request Our Lady of the Assumption Catholic School to release to Our Lady of the Assumption Catholic Church Extended Care Program a copy of the most recent immunization certificate on file for the above named child(ren).
4. I have read the ECP Parent Handbook and agree to follow all policies and procedures as outlined in the handbook.
5. I understand ECP is in session according to the official school calendar of Our Lady of the Assumption Catholic School and is closed during OLACS closings, holidays, and noon dismissals. ECP will be closed any day the school is closed for inclement weather. ECP may be closed at any time at the discretion of the Director. See the ECP calendar in the OLA School Handbook for dates of openings.
6. Continued enrollment in Our Lady of the Assumption Parish Extended Care Program is contingent upon payment of fees in accordance with the financial policies of ECP:
  - ECP will close everyday at 6:00 pm. Late pick-up charges will be assessed in the amount of \$1.00 per minute per child for late pick up.
  - I understand that I am responsible for payment of all program fees which are due on the first day of the calendar month. Accounts are assessed a \$25.00 late charge, per billing cycle, for any balance on the account after the 15<sup>th</sup>.
  - Should I decide to withdraw my child from the program, I agree to give one week's notice in writing prior to the discontinuation of service and bring all outstanding balances current.
  - Failure to pay all ECP bills in a timely fashion will result a temporary suspension of my child's attendance from ECP until the account is brought current.
  - I understand that I can change my child's enrollment agreement no more than two times during the calendar school year. Additional changes will incur an administrative fee of \$25.00.

Signature below indicates that the parent or guardian understands and accepts Our Lady of the Assumption Parish Extended Care Program fees and regulations and has received and read a copy of all Policies and Procedures in the Our Lady of the Assumption School/ECP Handbook.

Signature (parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_

Signature (facility Administrator) \_\_\_\_\_ Date \_\_\_\_\_



# Our Lady of the Assumption Church Extended Care Program (ECP)

## 2011-2012 Child Enrollment Agreement

Form 2 of 4 Required

Families using ECP on a Contract basis are required to pay tuition for the month of August and the month of May prior to the first day of school. August tuition is prorated based upon the number of days ECP is open. Additional time attended above contracted time frame will be billed at the drop-in rate of \$6.00 for the first 30 minutes and \$2.00 for each additional 15 minutes thereafter.

**Registration Fee: by May 15, 2011 — \$30.00 after May 15, 2011 — \$50.00**

### Contract Enrollment Options:

- A. One day per week per child (M, T, Th, F) \$61.00 / month
- B. One day per week per child (W only/2:00 dismissal) \$79.00 / month
- C. Two days per week per child \$122.00 / month
- D. Three days per week per child \$157.00 / month (each additional child \$126.00/month)
- E. Four days per week per child \$210.00 / month (each additional child \$168.00/month)
- F. Five days per week per child \$262.00 / month (each additional child \$210.00/month)

*(Initial if using)*

### DROP-IN BILLING (Non-Contract Option)

\_\_\_\_\_ I will use ECP only for **late carpool** or **emergency drop-in** at the rate of \$6.00 for the first 30 minutes and \$2.00 every 15 minutes there after, per child. I understand no child will be admitted to ECP without current, complete documentation on file.

**Drop-in registration fees are not required until the first use of the program. The registration fee will be \$50.00 unless all paperwork is submitted by May 15, 2011. If completed paperwork was submitted by this date, the fee is \$30.00 upon first use.**

*(Initial if using)*

### PRE-K STUDENTS

\_\_\_\_\_ I understand that when my **Pre-K student** is going to ECP for the afternoon, he/she will receive an additional 30 minutes of ECP supervision beginning at the close of the Pre-K school day. I agree to pay the flat rate of \$3.00 per day for each day my child receives this additional supervision. I understand that this fee will be billed monthly and paid in addition to my contracted or drop-in tuition rate.

**Please print legibly**

**Child's Name** \_\_\_\_\_

Sex \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Lives with:  both  mother  father  other \_\_\_\_\_

Legal guardian:  both  mother  father  other \_\_\_\_\_

**Circle Enrollment Option: A B C D E F**

**Child's Name** \_\_\_\_\_

Sex \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Lives with:  both  mother  father  other \_\_\_\_\_

Legal guardian:  both  mother  father  other \_\_\_\_\_

**Circle Enrollment Option: A B C D E F**

**Child's Name** \_\_\_\_\_

Sex \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Lives with:  both  mother  father  other \_\_\_\_\_

Legal guardian:  both  mother  father  other \_\_\_\_\_

**Circle Enrollment Option: A B C D E F**

**Child's Name** \_\_\_\_\_

Sex \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Lives with:  both  mother  father  other \_\_\_\_\_

Legal guardian:  both  mother  father  other \_\_\_\_\_

**Circle Enrollment Option: A B C D E F**

**Home Address** \_\_\_\_\_

**City / State / Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Home Address / Telephone Number (if different from child's) \_\_\_\_\_

Father's Cell \_\_\_\_\_

EMAIL (for ECP statements, confidential communications) \_\_\_\_\_

EMAIL (urgent notices, program closings, etc) \_\_\_\_\_

Place of Employment / Address of Employment \_\_\_\_\_

Business Number \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Home address / telephone number (if different from child's) \_\_\_\_\_

Mother's Cell \_\_\_\_\_

EMAIL (for ECP statements, confidential communications) \_\_\_\_\_

EMAIL (urgent notices, program closings, etc) \_\_\_\_\_

Place of Employment / Address of Employment \_\_\_\_\_

Business Number \_\_\_\_\_

**The Archdiocese of Atlanta prohibits any child from admittance into the program without ALL SIGNED AND CURRENT REQUIRED DOCUMENTATION on file at the ECP office.**

**Submit to: Dorothy Mickwee, ECP Director / OLA Church / 1350 Hearst Dr., N. E. / Atlanta, GA 30319**

# Our Lady of the Assumption Church Extended Care Program (ECP) 2011-2012 Medical Authorization and Liability Release Agreement

## Form 3 of 4 Required

For each child, list any known allergies, pre-existing illness, health concerns or other physical problems, and all medication(s) prescribed for long-term continuous use.

Include any special needs, special accommodation(s) that may be required to most effectively meet the child's needs, and any mental health or developmental disabilities which would limit the child's participation in ECP programs and activities.

Child's Name	Date of Birth	Please write NONE if applicable
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

My child(ren)'s primary source of health care is: \_\_\_\_\_  
Physician Name Phone

In the event of an emergency or illness, Our Lady of the Assumption Parish Extended Care Program will attempt to contact me, but in the event they are unable to reach me, they are authorized to secure such medical attention and care for the child by contacting EMS. I give permission for my child to be transported to Children's Healthcare of Atlanta Hospital. I (we) agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Neither I, my spouse, nor my child will hold Our Lady of the Assumption Church Extended Care Program, Staff, Enrichment Instructors, Parish Staff or Volunteers under the direction of Archdiocese of Atlanta liable for any accident or injury occurring to my child while participating, in any activity while enrolled in the ECP Program. Furthermore, I understand that insurance on my child is not the responsibility of the OLA Extended Care Program, the Church, or the Archdiocese of Atlanta.

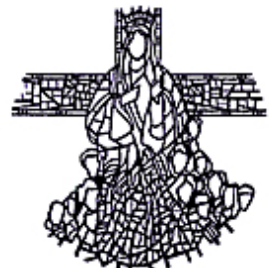
\_\_\_\_\_  
Signature of Parent/Guardian Date Telephone Number

### EMERGENCY NAMES AND PHONE NUMBERS

You must list at least two (2) persons who can represent you in your absence in an emergency situation. All parties listed below are authorized to pick up your child from the ECP facility.

Name	Phone	Address
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Your child will only be allowed to enter or leave the facility when escorted by the parent(s), person authorized by parent(s), or facility personnel. **MY CHILD MAY BE RELEASED ONLY TO THE PERSON(S) SIGNING THIS AGREEMENT AND/OR TO THE PERSONS INDICATED ABOVE.** It is the responsibility of the parent to keep all information current and accurate. Please submit changes in writing. In an emergency, you may call 404-364-1902 ext 168.



Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

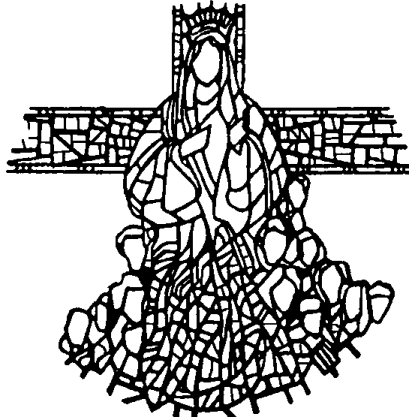
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**Acknowledgement of Receipt**

*Form 4 of 4 Required*

**OUR LADY OF THE ASSUMPTION PARISH BASED  
EXTENDED CARE PROGRAM  
FAMILY HANDBOOK OF POLICIES AND PROCEDURES**



This handbook has been prepared as a guide to the policies and procedures and other information to assist our families with the Our Lady of the Assumption Extended Care Program. The information contained in this handbook establishes guidelines only. The Extended Care Program reserves the right to make changes in the content or application of this handbook and to implement those changes with or without notice.

I have received and read thoroughly a copy of the Our Lady of the Assumption ECP Family Handbook. I understand it is my responsibility to become familiar with these policies and procedures and to abide by them. I understand that my child's continued enrollment in this program is dependent upon the continued support of the mission, policies and procedures of the school as documented in this handbook.

Parent/Guardian Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

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

**\*\*The return of this Acknowledgement is required for participation in ECP. Please return to the attention of:**

Dorothy Mickwee  
Director  
Extended Care Program