

ST. BARBARA MORNING CARE PROGRAM 2019-2020

The Morning Care Program at St. Barbara School is from **6:45 – 8:00am**.

St. Barbara Morning Care Program is a program designed for your child to have a safe and enjoyable experience when a parent needs to be at work earlier than our school officially opens. Even though Morning Care is a much more relaxed environment, children must follow the same rules and behavior expected during school hours. If your child has not eaten breakfast, please bring something with them to eat before they go to class. They may also work on homework, sleep, read or play with a toy.

Please enter through the Morning/After Care entrance at the lower area of the parking lot between the school and church. **Child(ren) must be escorted to the room on the left when you enter the door. Please press the intercom button by the door to be admitted. All children that arrive prior to 8:00am by car must attend Morning Care.**

Registration is required for your child to attend the program. A \$10.00 per family non-refundable registration fee per year is required to register for the Morning Care Program. In addition, an Emergency Medical Form must be completed for your child (ren). Please return the medical form with the registration form and fee prior to or during Open House, August 18.

RATES: The cost is at a daily rate:

	1 child	2 children or more
Arrival time 6:45am to 7:15 am	\$4	\$6
Arrival time 7:16am to 7:45am	\$3	\$4

****If a snow day is in effect, Morning Care is cancelled. If your child is already here before school is called off, you must arrange for your child to be immediately picked up.***

If you have any questions, please call the school at 330-833-9510.

**MORNING CARE REGISTRATION and
PAYMENT INFORMATION 2019-2020**

RATE: The cost is a daily rate:

	1 child	2 children or more
Arrival time 6:45am to 7:15am	\$4	\$6
Arrival time 7:16am to 7:45am	\$3	\$4

Payment is due Monday morning each week.

Checks are accepted and should be made out to St. Barbara School.

There will be a \$30.00 fee for any checks returned NSF.

If you have any questions, please call: 330-833-9510 school

In consideration of the child being allowed to participate in the Morning Care program, my spouse or myself or guardian, hereby assume all risks in connection with the Morning Care and I further release the Bishop of Youngstown, the Roman Catholic Diocese of Youngstown, St. Barbara Parish, and the pastoral staff, employees and volunteers, thereof from all claims, judgment, liability from injury or damage that the child or his/her estate, myself or my spouse or guardian ever had, now has or may have due to the child's participation in Morning care, including all risks connected therewith whether foreseen or unforeseen.

MORNING CARE REGISTRATION

Child (ren) Name(s) _____

Print name

Home Address _____

Enclosed is the registration fee of _____ \$10.00 per family per year

Parent Signature _____ Date _____

MORNING/AFTER CARE MEDICAL INFORMATION 2019-2020

Child (ren) Name(s) _____ Grade _____ Birthdate _____
_____ Grade _____ Birthdate _____
_____ Grade _____ Birthdate _____

Mother's/Guardian Name _____

Place of Employment _____

Work # _____ Home # _____ Cell# _____

Father's Name _____

Place of Employment _____

Work # _____ Home# _____ Cell# _____

Name, Relationship to child & Phone # of Person to contact for emergency:

Other persons authorized to pick up your child(ren) (with ID please):

_____ Phone _____

_____ Phone _____

Medical Doctor _____ Phone _____

Dentist _____ Phone _____

Preferred Hospital _____ Phone _____

Medical Conditions we should be aware of: _____

Any Medications: _____

Any Allergies (food, bee stings, etc.) _____

Comments:

*If over the counter medication is required, please complete the attached form and provide the medication in the original package. (example: Tylenol for headaches)

**MORNING/AFTER CARE - ST. BARBARA SCHOOL 2019-2020
NON-PRESCRIPTION (OVER THE COUNTER) MEDICATION**

To the parent:

THE FOLLOWING INFORMATION IS NECESSARY FOR ANY STUDENT TO USE NON-PRESCRIBED MEDICATION AT SCHOOL (All spaces must be completed).

Name of Student _____ Grade: _____

A. _____ I am requesting permission for my child named above to receive the following over-the-counter medication(s):

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

B. I will assume responsibility for safe delivery of the medication to school and will pick up medication when child is done using.

C. I will notify the school immediately if there is any change in the use of the medication.

Signature of Parent/Guardian: _____ Date: _____

Cell Phone: _____ Work Phone: _____

Home Phone: _____ Email: _____

*Any medication not picked up by parent by end of school year will be discarded without further notice.

Please note: You are responsible for supplying the school with any medication you have listed above.