

**Our Lady of Good Counsel
Extended Care Agreement / Emergency Form / Pick-Up Authorization**

Family Name _____

School Year 20____ - 20____

As parent or legal guardian of the student(s) listed below, I/we recognize the value of the community at Our Lady of Good Counsel School, and I/we agree to the following terms and conditions of the extended Care Program.

1. I/we agree to pay the Extended Care Bill within 5 days of its receipt.
2. I/we understand that a \$10.00 late fee will be assessed until payment is made.
3. I/we understand the billing procedure and know that my child(ren) will be removed from the program if 2 consecutive payments are missed. Should payment be made I may re-enroll my child(ren).
4. I/we will speak with the School's Principal if there is a problem with our ability to pay.
5. I/we will pay the \$25.00 family registration fee knowing that it is not refundable or will it be considered as payment for care.
6. I/we accept the terms and conditions of this agreement and by signing it, I/we freely agree to abide by the aforementioned terms and conditions.

Parent Signature

Date

Should an emergency arise, I/we give permission to seek and obtain medical attention for my child(ren) listed below. I/we understand that it may be necessary to contact emergency personnel prior to notifying me/us.

_____ Child's Name	_____ Age	_____ Child's Name	_____ Age
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_____ Child's Name	_____ Age	_____ Child's Name	_____ Age
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Address: _____ City / Zip: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Hospital Preference: _____ Physician's Name: _____
Phone: _____

My/Our child(ren) may be pick-up by those listed below. A photo I.D. will be required.

1. _____ Relationship: _____

2. _____ Relationship: _____