



**ST. PIUS X SCHOOL
EXTENDED CARE PROGRAM
Registration form for School-Year 2020-2021**

Please Print Clearly

Child's Name: _____

(FIRST) (MIDDLE INITIAL) (LAST)

Grade Level 2020-2021 School Year: _____ Date of Birth: _____ Age: _____ Sex: _____

Parent's Names: _____

Address: _____ City/Zip _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email Address: _____

List ANY and ALL persons that will be allowed to sign your child out. Staff will require proof of ID at pick-up time. Children will ONLY be released to a person(s) who is (are) listed on this form, unless approved by the Program Director.

NAME

PHONE NUMBER

Medical History/Information:

Disabilities or restricted activities:

Known Allergies:

Physician's Name and Phone #:

PARENT'S RELEASE

Please read the following carefully and sign in the appropriate space provided.

Medical Release/Waiver

At all times while my child is participating in or attending the St. Pius X Extended Care Program ("Program"), I (parent/guardian) _____ do authorize emergency medical treatment for my child, including authorization to EMS and any other medical provider: (1) to provide or arrange for emergency medical treatment to my child; and/or (2) to transport my child, via EMS vehicle or otherwise, to a hospital or other medical facility. I understand that every reasonable effort will be made to contact me or other family member of the child as soon as possible in case of an accident, injury or other medical emergency. In consideration for participation in the Program, I, on behalf of my child, myself and any other parent or guardian of my child, assume all risks and hazards to my child incidental to participation in the Program, and waive and release all rights and claims for damages my child, I, or any other parent or guardian of my child may have against St. Pius X School, St. Pius X Church, and their employees, officers and volunteers. I, on behalf of myself and any other parent or guardian of my child, agree to indemnify and hold harmless St. Pius X School, St. Pius X Church, and their employees, officers and volunteers from any and all claims and damages, including punitive damages, related to any injury, illness or other medical condition my child may receive or incur while participating in the Program or to medical treatment of my child authorized above. I authorize St. Pius X School and its representatives to use their judgment in determining emergency care and procedures for my child. I understand and agree that St. Pius X School assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

*** All of my child's immunizations and tuberculosis test results are current and on file at the School office.**

Child's Name: _____ Parent Signature: _____

Date: _____

Photographic Release

I hereby do _____, do not, _____ consent and authorize St. Pius X School Extended Care Program to reproduce photographs or videos of my child for advertising and publicity purposes.

Signature: _____ Date: _____

Registered Students Extended Care Program Attendance Fees

Registration Fee: \$85, invoiced with first month of program use.

DAILY CHARGES: You will only be charged for days that you use the program. Fees are as follows:

- ECP 1 hour or less \$8.50 per day
- ECP more than one hour \$17.00 per day

Options for Planning Purposes:

Please the days of the week you expect your student will attend on a regular basis:

M

T

W

TH

F

Late Pick up:

A \$10.00 Late Fee per child will be added for every 5 minutes after the 6:00 p.m. pickup time. The Late Fee will double on every subsequent late pick-up date. Late Fees are due at the time of late pick up or will be automatically added to the students account. Repeated tardiness at dismissal time (more than four occurrences per month) may result in termination from the program.

ST. PIUS X SCHOOL- EXTENDED CARE PROGRAM
 1260 NW Saltzman Road
 Portland, OR 97229
 503-741-0666 (cell)
 Stephen Volk-Director
 svolk@stpius.org