

Afterschool Program Agreement 2023 - 2024

Mater Christi School | 50 Mansfield Avenue | Burlington, VT 05401 | 802.658.3992 | www.mcschool.org

Parent name(s) and home address:

Parent phone: _____

Parent phone: _____

**2023 - 2024 Afterschool
Program Rate : \$20/Day
Hours: Dismissal - 4:30 pm**

Please list all students who are eligible for 2023-2024 afterschool enrollment and include their 2023-2024 grade level. Circle the days attending. The program will be open FIRST to students in grades Preschool - 3rd. If there is availability, we will then open it up to grades 4 and 5 **only**.

Name	Grade Level	Date of Birth	Days Attending
_____	_____	_____	M T W TH F
_____	_____	_____	M T W TH F
_____	_____	_____	M T W TH F
_____	_____	_____	M T W TH F
_____	_____	_____	M T W TH F

- We prefer afterschool payments are made by ACH. Please contact Kate Lafferty, Finance Manager for a form. klafferty@materchristischool.net
- If you are interested in financial assistance for afterschool fees, there are limited funds available with a deadline of 9/30/22 to apply. A FACTS application will be required. Please contact Kate Lafferty, Finance Manager. klafferty@materchristischool.net

Emergency Contacts (who are **not** parents/guardians)

Name: _____ Relation to Child: _____

Contact Phone: _____

Name: _____ Relation to Child: _____

Contact Phone: _____

Pick up/Release Permission (the following people, **not** parents or guardians, have permission to pick up my child)

1. _____ 3. _____
2. _____ 4. _____

Medical Information

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Insurance Carrier: _____ Group #: _____

ID #: _____

Medications given during afterschool: _____

In the event of a medical emergency and I cannot be reached, I request Mater Christi Afterschool Program staff assist my child. If the staff feels the situation require additional emergency care, I give permission to seek additional medical treatment. Please initial (_____) and date (___/___/___)

INITIAL

I request that my child(ren) be enrolled in the Mater Christi Afterschool Program. I acknowledge the fees for the 2022-2023 school year and agree to the payment policy. I agree to notify the Afterschool Director via the Enrollment Change Form (in front office) one week in advance of any permanent or temporary schedule change.

SIGN

Parent Signature: _____ Date: _____