



St. Elizabeth Catholic School

Where Knowledge, Truth and Values Meet

99-310 Moanalua Road Aiea, Hawaii 96701

PH: (808) 488-5322

WWW.STELIZ-HI.ORG

BEFORE & AFTER SCHOOL CARE PROGRAM

St. Elizabeth School offers a comprehensive Before and After School Care Program, ensuring your child is safe, engaged, and nurtured by our licensed and caring staff. The program includes supervised activities such as homework help, outdoor play, and enrichment programs designed to support your child's development and well-being.

/ /

DATE

CHILD #1 (FULL NAME): _____ GRADE: _____

GENDER: _____ AGE: _____ BIRTH DATE: _____

CHILD #2 (FULL NAME): _____ GRADE: _____

GENDER: _____ AGE: _____ BIRTH DATE: _____

Child(ren) can only join the Before/After Care Program if they are enrolled at St. Elizabeth School and their parent(s) or guardian(s) have signed this agreement. There is a late pick-up charge of \$1.00 per minute or fraction thereof after 5:30 PM, payable at pick-up or added to your school billing statement. Additionally, drop-in or day rates are limited to 4 times per month; exceeding this frequency will result in automatic enrollment in the monthly program, with the corresponding monthly fee applied accordingly.

CHECK ONE OPTION:



AFTER SCHOOL CARE (\$200 PER MONTH)



DROP-IN/DAY RATE (\$15.00)

MEDICINE & ALLERGIES. LIST ALL MEDICATIONS AND ALLERGIES DOCUMENTED WITH A DOCTOR'S NOTE. DETAILS AND ADDITIONAL INFORMATION ARE ALSO LISTED IN THE CHILD(REN) EMERGENCY CARD ON FILE IN THE REGISTRAR'S OFFICE.

CONTACT AND EMERGENCY INFORMATION

MOTHER'S NAME: _____ WORK PHONE: _____

ADDRESS: _____ MOBILE PHONE: _____

FATHER'S NAME: _____ WORK PHONE: _____

ADDRESS: _____ MOBILE PHONE: _____

GUARDIAN'S NAME: _____ WORK PHONE: _____

ADDRESS: _____ MOBILE PHONE: _____

In Case of Emergency, please list person(s) to be contacted IF PARENTS CANNOT BE REACH. No child/children will be released to anyone not on this list. Authorized person must be 16 years or older.

FULL NAME: _____ RELATIONS: _____

ADDRESS: _____

WORK PHONE: _____ MOBILE PHONE: _____

FULL NAME: _____ RELATIONS: _____

ADDRESS: _____

WORK PHONE: _____ MOBILE PHONE: _____

CONSENT & ACKNOWLEDGEMENT

I/We give consent for my child to participate in St. Elizabeth School's Before and After School Care Program. I acknowledge that qualified, licensed staff will supervise my child(ren), prioritizing their safety and well-being. I confirm my child(ren) is in good health, and I will inform staff of any health needs or allergies. St. Elizabeth School is released from liability, except in cases of gross negligence or willful misconduct. In case of an emergency where I or any listed emergency contact cannot be reached, I authorize school staff to take my child to the nearest medical facility for necessary examination or treatment, and subsequently release my child to school staff. Additional details are listed in the child(ren)'s emergency card on file with the registrar's office. Furthermore, I/We grant permission for my child(ren) to participate in all program activities, including homework help, games, outdoor play, and enrichment programs provided by the school. I understand and expect my child(ren) to adhere to the school's conduct expectations. Non-compliance may result in appropriate disciplinary action, including dismissal from the program. I/We also acknowledge that my child must be picked up by 5:30 PM. Authorized individuals listed may pick up my child(ren).

PARENT/GUARDIAN'S SIGNATURE & DATE _____