Holy Cross ACADEMY

After School Program (ASP)

Campus: ANN _____ JP2 _____ OLP _____ SMA _____

Days needing ASP:

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____

Early Dismissal dates only _____

Only a few times a month _____

Estimated pickup time _____ pm

Child's Name: ______________________ Grade:______ Medical Action Plan : Y / N

Additional information:____

Child's Name: ______________________ Grade:______ Medical Action Plan : Y / N

Additional information:____

Child's Name: ______________________ Grade:______ Medical Action Plan : Y / N

Additional information:____

Child's Name: ______________________ Grade:______ Medical Action Plan : Y / N

Additional information:____

Parent/Guardian's Name: _____________________ Email:______________________

Home Phone	Work Phone	Cell Phone

Parent/Guardian's Name: _____________________ Email:______________________

Home Phone	Work Phone	Cell Phone

Over

Emergency Contacts and Authorized adults that can pick-up student(s):

Name/Relationship to Child(ren):___________________________________

Home Phone	Work Phone	Cell Phone

Name/Relationship to Child(ren)____________________________________

Home Phone	Work Phone	Cell Phone

Parents Initials

I authorize ASP staff to call an ambulance for my child(ren), in case of critical emergency. A parent will be notified of injury and hospital to which child(ren) will be taken. An ASP staff member will stay with child until arrival of a parent.

For emergency medical treatment of my child(ren), my preferred hospital is:
____

My child may be released from ASP to a coach to attend sports practice. Yes / No

My child may be released from ASP to a scout leader to attend scouts. Yes / No

(Parents will be responsible to arrange pick-up with the coach/leader and inform ASP staff members.)

Please add coach/scout leader name if known: ____________________________.

I understand that I will be charged $5.00 per hour, per child, for ASP, to be paid to HCA monthly. ASP billing will be done through your A2Z account.

Parent/Legal Guardian Signature: __________________________ Date:_________

Print Parent/Legal Guardian name: _______________________________________

Updated 6/11/2018