



Our Lady of the Assumption Parish

Extended Care Program Parental Agreement

Our Lady of the Assumption Parish Extended Care Program agrees to provide care for my following student(s) will attend the program as indicated in the Enrollment Agreement.

Student _____

Student _____

Student _____

Print child's name

PLEASE COMPLETE THE PROVIDED ENROLLMENT AGREEMENT FOR THE 2007-2008 SCHOOL YEAR. SPECIFY WHICH DAYS YOUR STUDENT(S) CHILD WILL BE ATTENDING. Submit this completed statement and all completed REQUIRED enrollment forms and registration fee to:

Dorothy Mickwee, ECP Director, Our Lady of the Assumption Church, 1350 Hearst Dr., N. E., Atlanta, Ga. 30319

My child will participate in the following meal plan:

Afternoon Snacks

1. I agree to keep my child's records current and to submit in writing any changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, etc.
2. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medication, pertaining to my child. The Department of Hyman Resources requires that the Director "report any case of communicable diseases or suspected child abuse, neglect, exploitation or deprivation to the proper authority".
3. Should your child become ill or suffer an injury during the time that he/she is in the care of the Our Lady of the Assumption Parish Extended Care Program, the facility shall attempt to contact the parent(s) immediately. In the case of severe illness or injury, 911 shall be called and the child transported by ambulance to the Children's Health Care of Atlanta, who shall be authorized to provide necessary medical treatment.
4. Continued enrollment in Our Lady of the Assumption Parish Extended Care Program is contingent upon payment of fees in accordance with the registration agreement.
5. I hereby authorize and request Our Lady of the Assumption Catholic School to release to Our Lady of the Assumption Catholic Church, Extended Care Program, a copy of the most recent immunization certificate on file for the above named child.

Signature below indicates that the parent or guardian understands and accepts Our Lady of the Assumption Parish Extended Care Program fees and regulations and has received a copy of all Policies and Procedures in the Our Lady of the Assumption School/ECP Handbook.

Signature (parent/guardian) _____ Date _____

Signature (facility Administrator) _____ Date _____