



**2017-18 School Year  
St. Benedict's Registration Form**

LE3 INC

**Child Information**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  Male  Female

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Start Date: \_\_\_\_\_

**Academic Information**

My child needs academic guidance in the following areas:

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> ELA                   | <input type="checkbox"/> Science      |
| <input type="checkbox"/> History               | <input type="checkbox"/> Study Skills |
| <input type="checkbox"/> Math                  | <input type="checkbox"/> Technology   |
| <input type="checkbox"/> Organizational Skills | <input type="checkbox"/> Writing      |
| <input type="checkbox"/> Reading               | <input type="checkbox"/> Other: _____ |

Do you want your child to complete their homework daily?  Yes  No

**Health Information**

Please indicate if your child has been treated by a medical professional for any of the following:

- |  |  |
|--|--|
| <input type="checkbox"/> ADHD                | <input type="checkbox"/> Heart Trouble/Murmur      |
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Insect Sting Allergy      |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Medication Allergy: _____ |
| <input type="checkbox"/> Food Allergy: _____ | <input type="checkbox"/> Seizures/Convulsions      |
|  | <input type="checkbox"/> Other: _____              |

My child requires prescription medication(s) (i.e. EpiPen, Inhaler, and/or Benadryl) while in the program:

Yes\*  No \*If yes, additional forms are required.

**Parent/Guardian Contact Information**

Parent/Guardian 1: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

**Release & Emergency Contact Information**

The following people are authorized to pick up my child, in addition to the parents/guardians listed above.

Name: \_\_\_\_\_ Emergency Contact:  Yes  No

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Emergency Contact:  Yes  No

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Emergency Contact:  Yes  No

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

**Permissions & Agreements**

1. I have read the Parent Guide and have been advised of the program policies and procedures.
2. I have provided current information to assist the program in caring for my child (medical needs, allergies, etc.) and agree to update information as needed.
3. I agree that medical care may be given to my child in the event of an emergency.
4. My child has permission to use the playground and gym equipment under proper supervision.
5. Pictures and/or video footage of my child during program activities is permitted.
6. I authorize the use of sunscreen, topical ointment, and/or insect repellent.

Parent Signature: \_\_\_\_\_

## Payment Policy

**Registration Fee:** There is a \$25.00 non-refundable initial registration fee.

**After School Program:** The afterschool program will run from school dismissal until 6:00PM. Your child must be signed out of the program each time he/she attends. The price for after school is:

# of Children	Picked Up by 4:00PM	Picked Up by 5:00PM	Picked Up by 6:00PM
One Child	\$7.00	\$14.00	\$21.00
Two Children	\$13.00	\$26.00	\$39.00
Three or More Children	Please contact the LE3 office for rates.		

**Pre-K Early Fee:** For any PRE-K children there will be an additional charge of \$2.50 per day. This is to cover the 15 minutes that the children come down before the rest of the school.

**Late Pick Up Fee:** If your child is not picked up by 6:00 PM, you will be charged an additional \$15.00/child for every 15-minute increment. Your child must be signed out of the program each time he/she attends.

**Grace Period:** There will not be a grace period into each hour. Once you are into the pick up hour your account will be charged for that amount.

**Calendar Submissions:** The parent/guardian is responsible for payment for your child's(ren's) after school care. You MUST submit a calendar by the 15<sup>th</sup> day of each month of attendance (i.e., in order for your child to attend in October of 2017, your calendar is due by September 15, 2017). Payments will follow the month of attendance and MUST be paid in full by the 15th of the month. (i.e., invoices for September will be sent on October 1st and due in full by October 15th.) We will send our bi-weekly invoices for parents who would like to pay in smaller increments. **Payment and calendar should be sent to LE3, 25 California Drive, Williamsville NY 14221 OR left in the Drop Box Outside of Extended Day.**

**Reoccurring Schedules:** If you would like your child (ren) to attend the same schedule for the entire 2017-2018 school year, please complete the September Calendar and check off the "reoccurring schedule."

**\*Drop-In on Unscheduled Days:** The daily drop-in rate is \$25.00/child. It will be billed to the family.

- I understand that I am responsible for all days reserved on the calendar.
- All personal property must be labeled. Children should not bring toys or other valuable personal possessions from home to the program. We are not responsible for any lost or missing items.
- I have read the After School Program Calendar Payment Policy and agree to abide by the policies set forth by LE3.
- I understand that failure to comply with the LE3 Calendar/ Payment policy could result in my child(ren) being removed from the program.
- **I understand that if I use time passed my checked off pick up times that I will be charged the next pick up rate but NO additional add on fee's will apply.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Split Payment Policy

Please use the below chart to tell the LE3 billing office if you would like your invoice split between two guardians. This schedule will be followed for the entire school year unless the LE3 billing office is notified. Please note: this schedule will be followed during break camps and full days off, unless otherwise notified.

Billing Guardians	Monday	Tuesday	Wednesday	Thursday	Friday
Mother: _____					
Father: _____					
Other: _____					

Please leave any additional comments that will be useful for split billing (i.e., Friday rotations, monthly changes, break camps, etc.):

---

---

---

---

### Auto Billing Sign Up

Please note that auto billing will hit your account on the 15th of each month. You will receive an invoice on the 15th that shows PAID across your statement. If you are utilizing SPLIT billing, please use both sections below. We accept VISA, MASTER CARD, and AMERICAN EXPRESS. **We do not accept flex spending accounts for auto billing, the card requires personal information that we can not accept.**

#### First Parent/Guardian:

Name On Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### Second Parent/Guardian:

Name On Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_