

**Most Precious Blood Aftercare
Aftercare 2020-2021
(One Form Per Child)**

Child's Name: _____ Grade: _____

Please mark the days of the week that your child(ren) will be staying in Aftercare.

____ Mon ____ Tue ____ Wed ____ Thur ____ Fri ____ As needed ____ Monthly

To serve your child in case of an accident or sudden illness, it is necessary that you furnish the following information for emergencies.

Mother's Name: _____ Work Phone: _____ Home Phone: _____
Cell Phone: _____

Father's Name: _____ Work Phone: _____ Home Phone: _____
Cell Phone: _____

Name of person authorized to pick up your child(ren) other than parents/guardians:

Name: _____ Relation: _____ Tx. Driver's License: _____

Name: _____ Relation: _____ Tx. Driver's License: _____

Name: _____ Relation: _____ Tx. Driver's License: _____

Health Information: List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic conditions, etc.

Explanation: _____

Doctor: 1st Choice – Name: _____ Phone Number: _____

2nd Choice – Name: _____ Phone Number: _____

Hospital Choice: _____

Financial Agreement: Monthly Fee: \$100.00 per month one (1) child, \$150.00 for two (2) children and \$30.00 for any additional children. A \$10.00 fee (per child) will apply if using on an "As Needed" basis. I understand and agree to the Aftercare fee for the 2020-2021 school year, and I will have my child picked up by 6:00 p.m. or I will be charged \$5.00 per child for each additional 5 minutes. **Aftercare fees are due on or before the 5th of each month.**

Signature: Parent or Guardian

Date

I, the undersigned, do hereby authorize officials at MPBCS to contact directly the person named on this card, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event physicians and other persons named on this card or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the child. I will not hold the school or the Diocese of Corpus Christi financially responsible for the emergency care and/or transportation for the said child. I understand that this is a permanent emergency record for this school year, and I will furnish the school with any changes in the information on this card.

Student's Name

Signature of Parent or Guardian

Date