



BISHOP LOUIS REICHER

A Catholic School Community

After School Care Registration Form 2025– 2026 PreK3 - 8th Grade

All After School Care payments will be processed through FACTS.

After School Care Rates:

- \$150 monthly/per child
- \$25 per day/per child for daily drop-in
- \$15.00 if pick-up is between 5:30 p.m. to 5:45 p.m.
- \$5.00 per minute if pick-up is after 5:45 p.m.

Student's Full Name (Please Print): _____ Grade: _____

Parents/Guardian Information:

Mother's name: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____

Father's name: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____

Alternate Emergency Contact:

Name: _____ Relationship: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Pick Up Authorization:

The following individuals are authorized to pick up my student.

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Medical Information/Allergies/Special Needs

List any medical information/allergies/special needs your student has. (This information should be in your student's medical information in FACTS Family Portal). Please use the back of this page if necessary.

Medical Treatment Authorization:

As the parent/guardian of _____, a minor, I hereby authorize any medical treatment deemed necessary by a physician or the medical staff of an accredited hospital. This includes x-ray examinations, anesthetic, medical or surgical diagnosis, and hospital care. This authorization is given in advance to provide power and authority on the part of the "Bearer" to give specific consent to any and all such diagnosis, treatment, or hospital care in the exercise of the physician's judgment.

Parent/Guardian Signature: _____ Date: _____

Agreement:

I/We agree to abide by the policies and procedures of Bishop Louis Reicher Catholic School. I/We understand that the School reserves the right to exclude students from the After School Care program for discipline issues or for refusal to pay for services rendered.

Parent/Guardian Signature: _____ Date: _____