



**St. Andrew Academy
After School Care Program**

7724 Columbine Drive Louisville, Kentucky 40258 (502) 935-4578 ext. 239

After School Care Program Enrollment Contract

Both Parties, St. Andrew Academy After School Care Program and Parents, understand and agree that:

1. This agreement is a contract binding for both operator and parent
2. I understand that I am enrolling my child _____ for the current school year. He/She will attend: M Tu W Th F (circle)
3. The Program Staff will assume full responsibility for my child from the time he/she arrives at the program until my child is signed out when he/she leaves the parent.
4. If a medical emergency arises, the Program staff will first attempt to contact me. If I cannot be reached, the staff will contact the next person on the enrollment form. If the emergency is such that immediate hospital attention is necessary, an ambulance or emergency vehicle may take my child to the hospital.
5. This contract may be terminated by either the parent or the Program upon written notification or intention at least 30 days in advance or at any time by mutual agreement by both parties.
6. By signing this form, I hereby state that I have received the Parent Handbook given by St. Andrew Academy After School Care Program and abide by the rules and policies therein. I give my child permission to participate fully in this program.
7. The St. Andrew Academy After School Care Program Parent Handbook is not inclusive in all situations. Any changes in policy will be published and made available to all families.

I agree to adhere to the stated policies and procedures of the After School Care Program as stated here and in the Parent Handbook, and give my child permission to participate fully in this program.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Submit this completed statement accompanied by the completed enrollment forms to the Director