

St. Teresa of Avila School

1194 Rulison Avenue Cincinnati, Ohio 45238
Latchkey Program

Our Latchkey program provides supervision before and after school for students K-8 attending St Teresa School. We provide an educational and recreational alternative for working parents. The children will be able to participate in a wide variety of activities such as crafts, indoor and outdoor play, games and parties. Homework assistance is provided. Water and Kool-aid are always available at no charge. Snacks are available for a nominal fee. Listed below is the general schedule:

2:30-3:15 Attendance and snack
3:15-3:30 Clean up/change clothes
3:30-4:00 Recess/Free time
4:00-5:00 Homework/Activity (Movie day on Friday)
5:00-6:00 Craft/Free time

The program is located in the Cafeteria from the hours of 6:30am - 7:50 am and again from 2:30 pm - 6:00 pm. The nonrefundable registration fee is \$30.00 per child (\$15.00 for returning children).

- AM Latchkey \$3.00 per day
- PM Latchkey \$7.00 per day
- AM and PM Latchkey \$10.00 per day
- There is a 3 day minimum charge; no reduced rate for early pickup
- Prices are subject to change- you will be notified.

For more information or questions, please contact Karen Rackers at 471-4530, ext.#130.

**ST. TERESA OF AVILA CHILD CARE PROGRAM
REGISTRATION FORM**

PLEASE PRINT

Child's Name: _____ Date of Birth _____

Address: _____ Zip _____ Phone _____

School Attending: _____ Grade of 09-10 _____

Father's Name: _____ Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Father's Place Of Employment: _____

Mother's Name: _____ Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mother's Place of Employment: _____

**ARCHDIOCESE OF CINCINNATI RELEASE AND INDEMNIFICATION OF THE
MEDICAL POWER OF ATTORNEY**

1) I, the lawful parent or guardian of _____, release from all liability, And indemnify and hold harmless the Archbishop of Cincinnati, both individually and As trustee for the Archdiocese of Cincinnati and all parishes with the Archdiocese, and the officers, agents, representatives, volunteers, and employees of either the Archdiocese or any parish thereof (agents) from any and all liability, actions, causes of actions, claims, judgments, cost or expenses, including attorney fees, known or unknown at this time, arising out of or in any way related to any injury of illness incurred by my child while participating in or traveling to or from the activity.

2) I agree to instruct my child to cooperate with all agents of the Archbishop in charge of the activity.

**CONTENT FOR EMERGENCY MEDICAL TREATMENT AND HOLD HARMLESS
AGREEMENT**

I, the parent/guardian of _____ give permission for emergency medical treatment of my child for illness or accident if we cannot be contacted at the numbers listed above first, and below second.

Persons to notify other than Parent or Guardian in the case of emergency:

Name: _____ Phone _____ Relationship: _____

Name: _____ Phone _____ Relationship: _____

Does your child have any allergies any special medications? _____ No _____ Yes

Please explain: _____

Chronic Conditions: (Asthma, Epilepsy, etc.) _____

Physicians: _____ Phone: _____

Dentist: _____ Phone: _____

Preferred Hospital: _____

My Child has my permission to participate in the Child Care Program at St. Teresa of Avila School. I understand that this program includes, but not limited to study groups, crafts, movies, and other recreational programs. We further agree to indemnify the Archdiocese of Cincinnati of the above, shall not be held liable for any injury or loss of clothing, school books, toys, etc. which my child may sustain while participating in this program.

Parent/Legal Guardian Signature

Date

Please list below ALL person's that are allowed to drop off, or pick up your child. The Before and After School Program staff members request that you do not go beyond four people who are allowed to do so. Also list any person(s) NOT allowed to drop off, or pick up your child.

Father's Name: _____

Mother's Name: _____

Name: _____ Address: _____

Phone: _____ Cell#: _____

Name: _____ Address: _____

Phone: _____ Cell#: _____

***Please attach another sheet of paper, if additional room is needed.

Note: A \$30.00 nonrefundable registration fee must accompany the registration form for all new students. For children who attended the program the previous school year, the fee will be \$15.00. Please make a check payable to St. Teresa Child Care Program.

***CIRCLE PROGRAM TIMES:** _____ Before Only / After Only/ Before and After

***CIRCLE DAYS:** _____ 3 days/week 5 days/week