

ExCeL

AUTHORIZATION FOR STUDENT RELEASE

Please list all persons authorized to remove your child from the *ExCeL* Program. Include both the name and a contact number for each person.

| NAME | RELATIONSHIP | CONTACT NUMBER | Authorization Exp. |
|------|--------------|----------------|--------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |

I give authorization the above named people to sign out my child from the *ExCeL* Program at Holy Redeemer Catholic School. **I have also notified them that they may be asked for a valid ID before the child is released to them.**

EMERGENCY MEDICAL TREATMENT:

I understand that every effort will be made to contact the Parents/Guardian(s) of the participants. If this is not possible, I hereby authorize the ExCeL Program Staff to obtain medical treatment for my child(ren).

Printed name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____

MEDICAL INFORMATION AND RELEASE

Please list any allergies, illness or physical condition which should be brought to our attention.

| Student Name | Allergies, illness and/or physical condition |
|--------------|--|
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PARENT/GUARDIAN INFORMATION

| | |
|-----------------|---|
| Parent/Guardian | Parent/Guardian |
| Cell Phone | Cell Phone |
| E-mail address | E-mail address |
| Mailing Address | Preferred method of contact for emergency |

I understand that ExCeL Program Staff does not administer medication Initial: _____

HOLY REDEEMER CATHOLIC SCHOOL
ExCeL PROGRAM
Parent Contract

In consideration of my child's participation in the ExCeL Program, I agree to the following:

1. **I understand that I must complete the Registration packet whether or not I intend to use the ExCeL Program; however, I am not registered until the registration fee has been paid and non-registered fees will apply.**
2. I agree to pay a non-refundable registration fee of \$25.00 per child.
3. I agree to pick up my child by 6:00 p.m. and I understand that I or the authorized person picking up my child may be asked to show a valid picture ID before the child is released.
4. I understand that that in the event my child is not picked up by 6:00 p.m., a late fee of \$5.00 is charged for the first 5 minutes plus \$1.00 per minute until the child is picked up. The time is based on an ATOMIC clock (cell phone clocks are atomic). After 6:15 p.m., my authorized contact will be called.
5. I agree to pick up my child from the ExCeL Program by signing him or her out for the day except when I have authorized alternative arrangements.
6. I understand that all fees will be billed by FACTS
7. I agree that Holy Redeemer Catholic School will be held free and harmless from any and all injuries occurring to my child, except as to such injuries that directly result from acts of negligence on the part of Holy Redeemer Catholic School or its staff.
8. In the event of an emergency, I give my permission to the caregiver to have my child treated by medical personnel. The staff member in charge shall make reasonable attempts to contact me prior to any emergency medical treatment.
9. I understand that in the event of continued late payment of fees, late pick-up of my child or other good cause, the Holy Redeemer Catholic School reserves the right to remove my child from the ExCeL Program.
10. **I understand and agree that it is my responsibility to read and familiarize myself with the policies and procedures contained in the ExCeL Program Parent Handbook.**

Parent/Guardian Signature: _____ Date: _____