



Costa Catholic Academy Aftercare Registration 2025-2026 School Year

Child Name: _____ Grade: _____ DOB: _____

Allergies/Special Info: _____

Schedule will be (circle one): Daily | As needed

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Allergies/Special Info: _____

Schedule will be (circle one): Daily | As needed

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Authorized Pick Up Persons

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Consent of Costa Aftercare Program Policies and Practices

Please read the following and initial each blank indicating agreement.

____ I understand my child needs to be escorted to and from the Costa Aftercare Program and signed in/out by an authorized adult. Only those indicated on the pickup list will be allowed to pick up my child unless I provide other written authorization.

____ Costa Aftercare Program is not available when school is dismissed early due to weather or other emergency circumstances.

____ I understand I am responsible for payment of weekly fees. If my account becomes more than \$100 delinquent my child will not be allowed to attend Costa Aftercare Program.

____ I understand I will be charged \$10/child when I arrive past 5:30PM.

____ I give permission for staff to provide first aid and call for emergency care if deemed necessary.

____ I understand if a medical emergency or other situation arises which requires contacting an authorized adult, staff will first attempt to contact me. If I cannot be reached, staff will call other contacts in the order listed on the registration form.

____ I understand children will go outside when the weather allows and my child will have appropriate weather gear.

____ My child may view kid friendly "G" rated movies while at Costa Aftercare Program.

____ I understand staff is not responsible for overseeing my child's homework completion. A quiet area will be provided for those who wish to work on homework. Staff will encourage children to use the space, but no child will be forced to do homework.

____ I understand that if my child causes harm to him/herself, other children, the staff, or Costa property, his/her enrollment will be terminated.

____ I understand that all policies of the Costa Catholic Academy Handbook apply to my child when attending the Costa Aftercare Program.

I agree to adhere to the Costa Aftercare Program registration policies and give my child(ren) permission to participate fully in this program.

Signature: _____ **Date:** _____

Aftercare Pricing

Daily Rate:

| | |
|-------------|------|
| 1 student: | \$12 |
| 2 students: | \$14 |
| 3 students: | \$16 |

Weekly Rate:

| | |
|-------------|------|
| 1 student: | \$55 |
| 2 students: | \$65 |
| 3 students: | \$75 |