



# St. Cecilia Catholic School

## Crusader Care Registration

2019-2020

**Student #1** Name: \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

**Student #2** Name: \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

**Student #3** Name: \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

**Student #4** Name: \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

**Please note Children need to be 5 years of age to use Crusader Care**

**Parent/Guardian #1** Name: \_\_\_\_\_

**Parent/Guardian #2** Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Days of the Week Your Child(ren) will attend Crusader Care:** \_\_\_\_\_ **Once in a while/Drop In**

*Please note pick up must be by 6 pm.*

**Mornings:** \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

**Afternoons:** \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

**CHILDREN MUST BE PICKED UP BY AN AUTHORIZED ADULT OR OLDER SIBLING. I AUTHORIZE THE FOLLOWING TO PICK UP MY CHILD(REN) FROM CRUSADER CARE:**

*Unless otherwise indicated, both parents may pick up child(ren)*

Print Name \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THE FOLLOWING MAY NOT PICK UP MY CHILD(REN):**

**-PERSONAL RESTRAINING ORDER IS IN FORCE** \_\_YES \_\_NO (If yes you must provide a copy)

Print Name \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_ I grant permission for my child(ren) to be given a snack as needed. I will notify the Crusader Care Director of any specific dietary requirements and/or restrictions for my child(ren).

SEE REVERSE --

**Crusader Care Registration for \_\_\_\_\_ family**

**Rates and Fees:**

**Registration Fee:** \$50 per family (annual; nonrefundable)

**Drop In/Hourly Rate:** \$8 per hour per child

	<b>1 child:</b>	<b>2 children:</b>	<b>Each Additional:</b>
<b>Morning*:</b>	\$175/month	\$300/month	\$125/month
<b>Afternoon:</b>	\$265/month	\$400/month	\$125/month
<b>Both:</b>	\$425/month	\$650/month	\$250/month

**Family Total Cost:** \_\_\_\_\_

\*Morning session will be offered only with a minimum of 4 children registered.

**Payment Options for regular users:**

We agree to the following payment option (please initial)

- \_\_\_\_\_ Payment in full, due August 15th
- \_\_\_\_\_ 10 monthly payments using Smart Tuition (September-June)
- \_\_\_\_\_ Monthly payments due by the end of the following month

Returning families already enrolled with Smart Tuition will have these fees automatically added unless other arrangements are made prior to August 15th. Hourly/Drop In families will receive a monthly invoice.

*Students will exhibit good Christian conduct during Crusader Care. They will remember the "3 R's" (Reverence, Respect, and Responsibility) to each other and to their teacher. Students who do not comply with these standards may be removed from the program.*

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.

I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend St. Cecilia Catholic School, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection therewith, and I agree to compensate the school, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**School Use Only:**

Date Received \_\_\_\_\_ Amount Paid \_\_\_\_\_ Date \_\_\_\_\_