NOTRE DAME SCHOOL

MORNING-CARE PROGRAM

N & PK Application for Participation

Child's Name: _____ Grade: _____
(Last) (First)

Home Phone Number: _____ Teacher: _____

Father's Name: _____ Mother's Name: _____

Father's Cell #: _____ Mother's Cell #: _____

Father's Bus. Phone: _____Mother's Bus. Phone: _____

Medical conditions or allergies care-givers need to be aware of:

_____

_____

Day's child will attend: **Monday Tuesday Wednesday**

Thursday Friday Days will vary each week

Office Use Only

Registration Fee $25.00 _____

Parental Agreement form _____

Approximate time of drop off: _____

This application must be accompanied by a registration fee of $25.00.

Signature of Parent or Guardian: _____ Date: _____

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Morning-Care Guidelines 2026-2027

Please review the following guidelines and procedures for the Notre Dame School Morning-Care Program.

Please Note: If the registration fee has been paid, the Morning-Care rate is **$10.00 per day**. The $10.00 fee applies regardless of whether your child attends the full hour or only a portion of the program.

By signing below, I acknowledge and agree to the following:

1. I give permission for the teachers and staff of the Notre Dame School Morning-Care Program to seek emergency medical treatment for my child, _____, should an emergency arise. I understand that the school will make every reasonable effort to contact me or another emergency contact as soon as possible.
2. I authorize the School Nurse to release relevant medical information regarding my child to the teachers and staff of the Notre Dame School Morning-Care Program, as necessary to provide appropriate care and ensure my child's safety.
3. I assume full responsibility for my child's transportation to school on all days that the Morning-Care Program operates. I understand that my child must be escorted by a parent/guardian or authorized adult to the Morning-Care Program upon arrival.
4. I understand that the drop-off time for the Notre Dame School Morning-Care Program is **between 7:45 AM and 8:30 AM**.
5. I understand that my child may eat breakfast while attending the Morning-Care Program, provided that my child is dropped off by **8:15 AM** and that I provide the breakfast.
6. I understand that I am responsible for informing the school of any changes to my child's emergency contact information, medical information, or authorized pick-up/transportation arrangements.

Parent/Guardian Signature: _____

Date: _____