Saints Cosmas and Damian
AFTERCARE REGISTRATION 2023-2024
Please complete and return this registration form to the Parish Office

FAMILY INFORMATION

Student's Name: _____ Grade Level: _____

Parents (Mr. & Mrs./Mr./Mrs./Ms.) _____

Address_____

City_____, OH Zip _____

Home Phone_____ Email _____

Father's Name_____ Mother's Name_____

Cell Phone _____ Cell Phone _____

Student lives with: ( ) Both Parents ( ) Mother ( ) Father ( ) Other _____
(Please specify name & relationship)

ARE YOU REGISTERED IN SS. COSMAS AND DAMIAN PARISH? YES ( ) NO ( )

EMERGENCY CONTACT IN CASE PARENT CANNOT BE REACHED

Contact Name _____ Phone _____

Relationship to Student_____

2nd Contact _____ Phone _____

Relationship to Student_____

TUITION FOR 2022-2023 – Program runs M-F until 6pm

*NOTE: Ss. Cosmas and Damian After School Care will be available only on days the Twinsburg Schools are in session.

- Registration fee of $25, due upon registration (one per family)
  - *Registration fee waived if registered by 5/31/23*
- 3 Days per week - $200 per month or $1800 per year
- 5 Days per week - $300 per month or $2700 per year

Indicate days per week: Mon Tue Wed Thu Fri

Program includes daily snack, homework assistance, recreation, weekly Mass, prayers, access to books, crafts, videos, etc.
The following additional programs are available at no cost. Please check if your child would like to participate:
____ Altar Server (Grades 4 and up) ____ Children's Choir

The following programs *may* become available, for an additional cost. Please check if you would have an interest in these being provided.
____ Math Tutoring ____ Reading Tutor ____ Ukulele Lessons _____ Other

Amount of PAYMENT ENCLOSED: _____

*Please make checks payable to Ss. Cosmas and Damian and indicate that this is for *After School Care* tuition.

EMERGENCY MEDICAL AUTHORIZATION

2023-24

SS. COSMAS & DAMIAN PARISH

OFFICE USE ONLY
___Classroom needs
___Allergies
___Meds
___Other
___OK _____Recorded

STUDENT INFORMATION
Last Name_____, First Name_____ Grade_____
Address_____City_____State_____ Zip Code_____
Home Phone_____ E-Mail_____
Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while in attendance in **Faith Formation, Sacramental Preparation, "Anchor" Youth Group, Catholic After School Care** or other parish events, when parents or guardians cannot be reached.

RESIDENTIAL PARENT OR GUARDIAN:
Mother's Name: _____ Daytime Phone: _____
First Last
Cell Phone: _____

Father's Name: _____ Daytime Phone: _____
First Last
Cell Phone: _____

Other's Name: _____ Daytime Phone: _____
First Last
Relationship to child _____Cell Phone: _____

NAME OF RELATIVE OR CHILDCARE PROVIDER: (In the event a parent or guardian cannot be reached, permission is given to the following people to be contacted or to pick up my child.)

1.Name: _____Relationship: _____
First Last
Address: _____

City: _____State: _____Zip Code: _____Daytime Phone:_____

2. Name: _____Relationship: _____
First Last
Address: _____

City: _____State: _____Zip Code: _____Daytime Phone:_____

PART I OR II MUST BE COMPLETED
(See reverse side)

PART I: TO GRANT CONSENT

I hereby give consent for the following preferred medical providers and local hospital to be called:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Local Hospital: _____ Phone: _____

Emergency Room: _____ Phone: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning my child's medical history to which a physician should be alerted:

ALLERGIES_____

CURRENT MEDICATIONS_____

OTHER MEDICAL CONDITIONS_____

Date:_____ Signature of Parent/Guardian:_____

Address:_____

_____

PART II: REFUSAL OF CONSENT

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Date:_____ Signature of Parent/Guardian:_____

Address:_____

_____

***Child*'s First and Last Name**	**"Goes By" Name**	**Date of Birth**	**Grade 2023-2024**	**Email Address**
1.				

Please indicate if this child has any particular learning needs: _____

2.				

Please indicate if this child has any particular learning needs: _____

3.				

Please indicate if this child has any particular learning needs: _____

4.				

Please indicate if this child has any particular learning needs: _____

5.				

Please indicate if this child has any particular learning needs: _____

6.				

Please indicate if this child has any particular learning needs: _____

If your family is in need of tuition assistance, contact (Mrs.) Kathleen Yates, Director of After School Care Program.

Consult the After School Care Family Handbook for additional information. If you have questions about any of these learning experiences or the After School program itself you may contact (Mrs.) Kathleen Yates, Director of the After School Program at (330) 425-8141 X 101

Screen Time Parent Form

Screen time exposure and limitations is something that varies family to family. In an effort to help keep screen time consistent for your child(ren) between school, home, and after care, please fill out the following form so we can best assess the amount of screen time for your child. The staff will take this information into consideration in small group and large group environments, and will do their best to adhere to your time.

Please consider the following as you are filling out this form:

- We will have homework time allotted in the program and we recognize that most homework will need to be completed on the students' devices
- Students will have some free time/free choice each day
- Under any circumstances we will not allow games that are not conducive to a Christian environment
- We will incorporate movies and/or short shows into the weekly schedule
- It can be easy to swap between 2 different apps or tabs while on a device, we will do our best to monitor all screens

Student name:_____

I would like my child to use their school provided and personal devices for homework use ***only***
_____ (please initial)

I would like my child to spend the following amount of time on educational games provided by the school sites (ie. Clever, IXL, Class Dojo, ABC Ya, etc.):
_____ (hours/minutes)

I would like my child to spend the following amount of time on their personal device for recreational use and entertainment:
_____ (hours/minutes)

Parent-Guardian Signature:_____ Date:_____