



After Care Registration

2025-2026 Academic Year

INTRODUCTION

Lakewood Catholic Academy is pleased to provide a quality program that meets the needs of parents who require after school supervision for their children in kindergarten through fourth grade.

Personal discipline, social development, emotional well-being and academic growth are emphasized through the following activities:

- Homework assistance
- Daily opportunities for reading
- Opportunities to participate in small group games, which provide basic skills such as sharing, taking turns, and respecting others
- Group or individual play in the gym or on the school's beautiful grounds
- Opportunities for daily imaginative play
- Opportunities for arts and crafts
- Opportunities to develop self-discipline through adherence to regular routines and responsibilities

After Care begins at dismissal and operates until 5:30 p.m. every day that school is in session. Full-day care is available on select days when school is not in session based on the amount of children that need care for those days.*

Please contact Carolyn Ciryak with any questions at cciryak@lcsaints.com.

FEES

Parents interested in enrolling their child(ren) in the After Care program should complete the form on the next page and return it, along with a non-refundable \$75 deposit per child, to LCA's main office.

Daily fees are as follows:

- After Care: \$20 per day, per child
- Full-Day Care*: \$85 per day, per child

**Proposed full-day care dates for the 2025-26 school year are Thursday, October 9; Monday, December 22; Tuesday, December 23; and Friday, February 13. Availability is not guaranteed and is based on demand.*



After Care Registration

2025-2026 Academic Year

REGISTRATION

CHILD'S NAME	GRADE IN FALL 2025	BIRTHDATE
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CHILD'S NAME	GRADE IN FALL 2025	BIRTHDATE
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CHILD'S NAME	GRADE IN FALL 2025	BIRTHDATE
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CHILD'S NAME	GRADE IN FALL 2025	BIRTHDATE
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PARENT/GUARDIAN 1

NAME

ADDRESS

CITY STATE ZIP

PHONE NUMBER

EMAIL ADDRESS

PARENT/GUARDIAN 2

NAME

ADDRESS *(if different from Parent/Guardian 1)*

CITY STATE ZIP

PHONE NUMBER

EMAIL ADDRESS

My child(ren) will require After Care for the 2025-26 school year on the following days of the week:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

DAYS OF THE WEEK WILL VARY.



After Care Pick Up Authorization Form

2025-2026 Academic Year

PARENT'S NAME

PARENT'S PHONE

CHILDREN ENROLLED IN AFTER CARE:

I give permission for my child(ren) to be released from LCA's After Care Program to the person(s) listed below at any time. I understand that LCA's staff will require any person listed below to show photo identification before releasing my child(ren).

NAME
PHONE
RELATIONSHIP

NAME
PHONE
RELATIONSHIP

PARENT/GUARDIAN AGREEMENT:

1. I must notify LCA's After Care Program staff immediately of any changes on this form.
2. If the person picking up my child appears to be under the influence of drugs or alcohol, or in any other way presents a risk to my child's safety, the staff may refuse to release my child. If I, or another person listed on the above form, cannot be contacted, the Lakewood Police Department will be called.
3. A late fee of \$1 per minute, per child will be billed to me if I pick up my child(ren) after 5:30 p.m. If the person picking up is repeatedly late, LCA will request a meeting to discuss and may ask me to find other arrangements for after care.

My signature acknowledges my understanding of and agreement to the above.

SIGNATURE OF PARENT/GUARDIAN

DATE



After Care Payment Selection Form

2025-2026 Academic Year

PARENT'S NAME

PARENT'S PHONE

CHILDREN ENROLLED IN AFTER CARE:

We make every effort to send invoices for After Care services as soon as each month ends. Please indicated your preferred method of payment below:

Pay by ACH (Direct Debit) on the 15th of the month following service

Please complete the authorization form on the next page and return it to LCA's Business Office. Direct debits are processed on the 15th of the month after the month services are incurred (i.e., September services will be debited on October 15th).

If you signed up for ACH previously, check the box on the form accordingly. You do not need to complete another authorization form unless your bank information has changed.

Pay by check by the 15th of the month following service

Your check is due to LCA's Business Office by the 15th of the month after the month services are incurred (i.e., your check for September services is due on October 15th).

SIGNATURE OF PARENT/GUARDIAN

DATE



After Care ACH Authorization Form

2025-2026 Academic Year

PARENT'S NAME

PARENT'S PHONE

CHILDREN ENROLLED IN AFTER CARE:

LAKEWOOD CATHOLIC ACADEMY AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

I hereby authorize Lakewood Catholic Academy to directly debit my bank account listed below for payment of fees for the After Care Program. I hereby authorize Lakewood Catholic Academy to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account listed below.

Check this box if authorizing use of the same bank account as the previous year.

INSTRUCTIONS

- Payments will be debited from your account on the 15th of every month.
- If the 15th falls on a weekend or holiday, your account will be debited on the following business day.
- Monthly debited amount is the prior month's fee, plus any outstanding balance.
- Transit/ABA number is the 9-digit number, generally preceding your account number.
- **Please attach voided check with this paperwork.**

Bank Information	Transit/ABA Number	Account Number	Type of Account
_____ INSTITUTION	_____	_____	Checking
_____ BRANCH			Savings

Automatic debit authority is to remain in full force until Lakewood Catholic Academy has received written notification from me of its termination in such timely manner as to afford Lakewood Catholic Academy and Financial Institution a reasonable opportunity to act on it.

SIGNATURE OF PARENT/GUARDIAN

DATE



After Care Emergency Medical Authorization Form

2025-2026 Academic Year

THIS AUTHORIZATION FORM APPLIES TO THE FOLLOWING CHILD(REN):

Purpose: To enable parents to authorize emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

Part I or Part II must be completed.

PART I (TO GRANT CONSENT)

In the event reasonable attempts to contact me at _____ or _____
at _____ have been unsuccessful, I hereby give my consent for: (1) the
administration of any treatment deemed necessary by Dr. _____,
or Dr. _____, or in the event the designated preferred
practitioner is not available, by another licensed physician or dentist; and (2) the transfer of
the child(ren) to _____ or 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 before surgery is performed.

Facets concerning the child(ren)'s medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

SIGNATURE OF PARENT/GUARDIAN

PRINTED NAME

DATE

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

PART II (REFUSAL TO 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 no action or to:

SIGNATURE OF PARENT/GUARDIAN

PRINTED NAME

DATE



After Care Release, Indemnification, and Waiver of Liability Form

2025-2026 Academic Year

THIS FORM APPLIES TO THE FOLLOWING CHILD(REN):

I, _____, am the _____
PARENT/GUARDIAN MOTHER, FATHER, CUSTODIAL PARENT, LEGAL GUARDIAN

of the above-named child(ren) in Lakewood Catholic Academy's After Care program. I hereby give my permission for the above-named child(ren) to **participate in outdoor activities on Lakewood Catholic Academy's property, as well as walking to Lakewood Park and the use of its facilities and equipment on any day between 09/02/2025 and 05/29/2026 from 7:30 a.m. until 5:30 p.m.**

I understand that all activities have certain risks and could result in injury to the above-named child(ren). In consideration of the above-named child(ren) being permitted to participate in the above field trip, on behalf of the child(ren), and on behalf of the mother, father, next of kin and (if applicable) the guardian of the above-named child(ren), I hereby assume all risk of injury, which may be sustained by the child(ren) in connection with the above field trip. I further specifically waive, release and discharge, the Diocese of Cleveland, Lakewood Catholic Academy, and its sponsoring parishes, and the employees and volunteers of the aforesaid school, parish, and/or diocese from all claims arising out of and/or resulting from harm, bodily injury, loss of life or property, damages and losses sustained by the child(ren) while participating in the above field trip, including claims of the child(ren)'s parents and/or next of kin and/or (if applicable) guardian. I further agree to indemnify the Diocese of Cleveland, Lakewood Catholic Academy, and its sponsoring parishes, and the employees/volunteers of the aforesaid school, parish, diocese and/or their employees/volunteers as a result of injury or damage suffered by the above-named child(ren) and/or the child's parents and/or next of kin and/or (if applicable) guardian, arising out of the child(ren)'s participation in the field trip. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for the above-named child(ren).

I fully understand what is involved in the field trip and I understand that I have the opportunity to contact the teacher and ask him/her about the field trip.

I have read and fully understand the contents of this entire document and consent to the provisions contained therein.

SIGNATURE OF PARENT/GUARDIAN

DATE