



2023-2024
OST (Out of School Time)
WEDNESDAY Sign-Up

ALL K-12 students are dismissed at 1:00 every Wednesday during the school year to allow staff to attend Professional Development. Every Wednesday, the OST program will offer child care from 1:00-3:20 at

NO CHARGE to families who need their child/ren to stay until 3:20. If you need your child to stay,

YOU MUST FILL OUT a registration form in advance so we can adequately staff the program.

Please fill out below if you would like to sign-up your child for Wednesdays 1:00-3:20pm.

Child's Name: _____
(Last) (First) (Middle) (Nickname)

Grade Level for 2022-2023 school year: K 1st 2nd 3rd 4th 5th

 (X) here of you have already filled out an OST Registration form
(no need to fill out the remainder of this document)

Family Information:

Father
Name: _____
Home Address: _____

Phone Number: _____
Email: _____

Mother
Name: _____
Home Address: _____

Phone Number: _____
Email: _____

Other Emergency Contacts:

Name: _____
Relationship _____
Home Address: _____

Phone Number: _____
Email: _____

Name: _____
Relationship _____
Home Address: _____

Phone Number: _____
Email: _____

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PERMISSION AUTHORIZATION

I give my permission for my child to use all play equipment and participate in all the activities at the school & at outings.

Parent/guardian Signature: _____ Date: _____

I give my permission for my child to leave the school premises under the supervision of staff members for neighborhood walks, field trips/park trips, etc.

Parent/guardian Signature: _____ Date: _____

I give my permission for my child to be included in videos and pictures connected with the Patch program.

Parent/guardian Signature: _____ Date: _____

I give my permission for use of photographs, slides or television filming involving my child. These could appear in Roncalli/SonShine Patch publications, websites or presentations.

Parent/guardian Signature: _____ Date: _____

I give permission for my child to participate in watching G or PG rated children's videos when the weather is not cooperative for outdoor play or occasionally during the program hours.

Parent/guardian Signature: _____ Date: _____

I hereby grant permission for the Director/Teacher to take whatever steps may be necessary to obtain medical care if warranted. These steps may include, but may not be limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact you through any of the persons listed on the emergency information form you completed.
3. If we cannot contact you, we will do any or all of the following: (a.) Call an ambulance, (b.) Have the child taken to a hospital in the company of a staff member.
4. Any expenses incurred under line #3, will be borne by the child's family.
5. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Parent/guardian Signature: _____ Date: _____

**Thank you for enrolling your child. Please contact us with any questions.
God Bless.**

Shelby Braun
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"The Aberdeen Catholic School System is an equal opportunity provider and employer."