

MQH AFTERCARE

- Yearly registration fee: \$20 per family
 - Daily Rates: \$0.10 per min per child until 4:30pm
 - \$0.10 per min per family after 4:30pm
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Aftercare on Sycamore

- Here are the steps to access your childcare account on Sycamore
 - Log into your Sycamore account
 - On the left hand side of the page there is a long blue section.
 - Click on >>My Accounting, then click >> Childcare
 - Here you will see two sections: Check In/Out and Account
 - Under the Check In/Out tab you can see the days and times that your child(ren) have attended
 - Under the Account tab you will see a list of months, select the month and you will see the charges that have been applied to your account.
 - There is also a blue button on the right hand side of the screen underneath the months that says “monthly statement”. If you click this button it will allow you to download a copy of your statement.
- We accept credit card, cash or check, and EFT payments.

MQH Aftercare Registration Form (NEW FAMILIES ONLY)

There is a \$20 registration fee per family that will need to be paid each school year.

Child Name: _____ **Grade:** _____
Child Name: _____ **Grade:** _____
Child Name: _____ **Grade:** _____
Child Name: _____ **Grade:** _____

Mother/Guardian:

Name: _____
Cell Number: _____
Work Number: _____
Email Address: _____
Address: _____

Father/Guardian:

Name: _____
Cell Number: _____
Work Number: _____
Email Address: _____
Address (if different than mother): _____

Days Attending (please check all that apply):

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Will Vary

People Authorized to Pick Up:

<u>Name</u>	<u>Phone Number</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical Release:

I, _____, parent or guardian of _____, hereby authorize transportation and emergency medical treatment deemed necessary for above-mentioned child in my absence.

The above-mentioned child, _____ has the following known allergies or medical conditions:

Medical Insurance:

Company Name: _____
Policy Number: _____
Group Number: _____

Date: _____

Signature: _____