ST. PATRICK SCHOOL EXTENDED CARE PROGRAM

REGISTRATION FORM

Child(ren)'s Name_____

Enrollment Date_____ Birthdate(s): _____

Parent or Guardian's Home Address and Employment Address:

Father (or Guardian)

Name: _____ Employer: _____

Address _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Mother (or Guardian)

Name: _____ Employer: _____

Address _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Person(s) to Whom the Child(ren) may be Released by the Caregiver: (If no one, please write "none")

Name: _____ Name: _____

Address _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Person(s) Who Will Take Responsibility for the Child(ren) in an Emergency When the Parent (or Guardian) Cannot be Reached:

(ONE NAME MUST BE GIVEN AND IT CANNOT BE YOURSELF)

Name: _____ Name: _____

Address _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

One Per Family

Consent to Contact Physician in Emergency:

In the event I cannot be reached to make arrangements, I hereby give my consent to St. Patrick School Extended Care Program to contact Doctor_____(name of Physician) at _____ (phone number) _____ (address with city) and, if necessary take my child(ren) to the following doctor(s), clinics, or hospital _____.

Signature of Parent/Guardian: _____ Date: _____

Medication Competency Statement:

I, _____ (Parent/Guardian) have determined that the director of the St. Patrick Extended Care Program and employees are competent to give or apply medication to my child(ren).

Signature of Parent/Guardian: _____ Date: _____

Child's Medical Information

Current health status or any health problems caregiver should know: _____

_____

Medication, if any: _____

List any allergies and/or intolerance to food, insect bites, or stings, or other factors that result in a medical reaction. Any special concerns (glasses, hearing aid, or crutches), or activities child(ren) should NOTE engage in need to be listed here: _____

_____.

Receipt of Parent Information Brochure and St. Patrick School Handbook

Child Care Program Name: St. Patrick Catholic School Extended Care Program

Enrolled child(ren)'s names: _____

Parent/Guardian Names: _____

Signature of Parent/Guardian: _____ Date: _____

I certify that the above information is correct to the best of my knowledge.

Signature of Parent/Guardian: _____ Date: _____

One Per Family