

Community of Saints Regional Catholic School
Extended Day Registration Form
Summer



A \$60.00 non-refundable fee must accompany this registration.

Date: _____ School Last Attended: _____

Child's Name: _____ Date of Birth: _____
(First) (Last)

Mother/Guardian:

Father/Guardian:

First Name: _____

First Name: _____

Last Name: _____

Last Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Place of Employment: _____

Place of Employment: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Emergency Contacts/Authorized Pick Ups:

You must list TWO emergency contacts authorized to take your child from Community of Saints as a back up if parent(s) or guardian(s) cannot be reached. ***This may not include parent(s) or guardian(s) listed previously.*** Please make sure to list someone your child is comfortable with.

<i>Name</i>	<i>Address</i>	<i>Phone #</i>	<i>Relationship to Child</i>
1	_____	_____	_____
2	_____	_____	_____

Medical Information:	<i>Name</i>	<i>Address</i>	<i>Phone #</i>
Doctor	_____	_____	_____
Dentist	_____	_____	_____
Hospital	_____	_____	_____

Please indicate any health concerns: _____

In the case of an emergency, the police or paramedics may take your child to the nearest hospital for medical treatment. There may be a charge for ambulance service. Your signature below authorizes program staff to use emergency services if necessary, and indicates your agreement to the above mentioned hospital policy.

Parent/Guardian Signature: _____

Should Poison Control need to be contacted, and upon their advice, we may administer Syrup of Ipecac to your child to counter-effect an ingestion of poison. Please sign below, hereby giving program staff permission to follow this policy.

Parent/Guardian Signature: _____

Ethnic Affiliation (for statistical purposes only):

- Caucasian Latino/Hispanic African American Asian
- Native American Pacific Islander Other

Main Language(s) Spoken at Home: _____

Policies and Releases:

By signing this registration form, I grant permission to the Community of Saints Extended Day Program to use names, pictures, and anecdotes for the purposes of educating the public about the services available. I also agree that I have received a copy of the program policies and agree to abide by these guidelines.

Parent/Guardian Signature

Date