

St. Jerome Regional School

Extended Care

Registration/Emergency Form

Child's Name: _____ Date of birth: _____

Address: _____

Home Telephone Number: _____ Current Grade _____

FATHER'S INFORMATION (Lives with child yes / no)

Name: _____

Employer: _____

Work Number _____

Cell Phone Number _____

MOTHER'S INFORMATION (Lives with child yes / no)

Name: _____

Employer: _____

Work Number _____

Cell Phone Number _____

In an emergency, if unable to reach the parents, please contact:

Name: _____ Phone: _____ Relationship to child _____

Name: _____ Phone: _____ Relationship to child _____

Name: _____ Phone: _____ Relationship to child _____

Please list any medical conditions that Extended Care should be aware of: _____ Is your child allergic to any medications? (Please circle one) YES / NO (If yes, please name medications below):

Is your child allergic to any foods? (Please circle one) YES / NO (If yes, please list) _____

Is your child currently taking any medications? (Please circle one) YES / NO (If yes, please list) _____

Hospital preferred in the event of an emergency _____

Insurance Company Name _____ Policy # _____

In case of an emergency involving _____, I _____, give
Child's name *Parent/guardian*

permission for the Extended Care staff to secure medical attention for my child without involving the parish, school, or after care personnel in any financial obligation. I also waive and release any and all rights to claims or damages against St. Jerome Regional School or Extended Care personnel as a result of any injury that might occur due to my child's participation at Extended Care.

I have received and read the Extended Care Policy Rules and Responsibilities. I accept the policy and responsibilities set forth by the school and the Extended Care staff and understand that rules and responsibilities must be abided by in order to ensure the safety and well-being of all concerned. Any direct violation of Extended Care policy will result in a potential write up and/or possible dismissal from the program.

I agree that all information provided to Extended Care is current and up to date and promise to maintain a current list of addresses and phone numbers for Extended Care at all times.

Mother's signature *Date*

Father's signature *Date*

******THIS TWO PAGE FORM MUST BE FILLED OUT AND SIGNED**

FOR PARTICIPATION IN EXTENDED CARE***

ST. JEROME REGIONAL SCHOOL
EXTENDED CARE PROGRAM (ECP)
SIGN-UP SHEET

ECP is available to children enrolled at St. Jerome Regional School. We require a minimum of 2 children any given day in order for ECP to be open.

Will you need ECP on a weekly basis? (please circle one) YES / NO

If YES, Please list below estimated times ECP will be needed for your child.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning Care Open 7:00 am <i>Please list drop off time</i>					
Afternoon Care Closes 3:45 pm <i>Please list pick up time</i>					

If you are registering for specific dates/times please list below:

Date	Time
_____	_____
_____	_____
_____	_____
_____	_____

*****NOTE: IF YOU WOULD LIKE TO USE ECP ON AN OCCASSIONAL BASIS PLEASE SEND IN A NOTE TO YOUR CHILD'S TEACHER EACH DAY THEY NEED AFTERNOON CARE OR THE DAY BEFORE IF THEY NEED MORNING CARE – THIS WILL ENSURE WE WILL BE OPEN.**

ST. JEROME REGIONAL SCHOOL
EXTENDED CARE PROGRAM (ECP)
RELEASE AUTHORIZATION

The following individuals are authorized to pick up my child, _____, from the Extended Care Program (ECP):

NAME / RELATIONSHIP TO CHILD	PHONE NUMBER
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

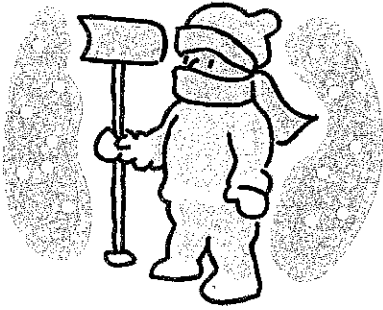
(If more room is needed please continue on back of form)

I hereby understand that for the protection of my child, he/she will not be given permission to leave our Extended Care Program (ECP) with anyone not included on the above list. It is my responsibility to notify the ECP staff, in writing, if any deletions or additions are to be made to this list.

I also understand that in the case of divorce or separation of parents, the ECP is legally obligated to release a child to either parent except in the case of a court order stating otherwise.

Parent's signature: _____

Date: _____



ECP

WINTER WEATHER POLICY

To ensure that every child, parent, and care giver is safe during the winter season

ECP has put the following policy into effect:

WEATHER RELATED DELAYS/DISMISSALS

On days when there is a weather related delay or early dismissal ECP will be CLOSED. Please see to it that you have alternative arrangements available for your child on these days.

Thank you

.....
Please sign and return this portion to ECP (please keep top portion for your information)

Student(s) name _____
Print

Parent(s) Name _____
Print

I have received and acknowledge the ECP winter weather policy. **I am aware that ECP will NOT be open for weather related delays, dismissals, and closings.** I have made alternate arrangements for my child for these days.

Parent signature _____ Date _____

If you need to be notified by our staff of an early dismissal, please list which contact number you would like us to use. (If you do not need notification please leave blank)

Phone Number

Name of Contact