

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****