

ST. THOMAS AQUINAS EXTENDED CARE PROGRAM 2018-2019

REGISTRATION AND EMERGENCY INFORMATION FORM

****WE MUST HAVE A FORM ON FILE BEFORE YOUR CHILD CAN ATTEND AFTERCARE****

Student's Name _____ Grade _____

Address _____ Telephone _____

Which days will your child attend our program? (Please Circle)

Morning Session: **M Tu W Th F Occasional**

Afternoon Session: **M Tu W Th F Occasional** What time will your child be picked up? _____

Indicate where parent/guardians can be reached while child is in care.

Mother's Name: _____

Father's Name: _____

Place of Employment: _____

Place of Employment: _____

Address: _____

Address: _____

Phone #: _____ Hours: _____

Phone #: _____ Hours: _____

Additional Phone #: _____

Additional Phone #: _____

Emergency Contact Person. Please list someone with whom you would feel comfortable leaving your child and who would assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child.

Name: _____

Relationship: _____

Address: _____

Phone #: _____

Non-emergency alternate pick-up persons. For your child's safety, please complete a list of people you have approved to pick up your child from our Extended Care Program. **WE WILL NOT ALLOW YOUR CHILD TO GO HOME WITH ANYONE WHO IS NOT ON THE LIST.**

Mother: _____

Father: _____

Alternate 1:

Name: _____

Relationship: _____

Address: _____

Phone #: _____

Alternate 2:

Name: _____

Relationship: _____

Address: _____

Phone #: _____

Medical Information. List any chronic conditions, allergies or medications that could be important in case of sudden illness or injury. Also list food allergies. _____

Child's Usual Physician: _____ Telephone: _____

Physician's Address: _____

Please notify us if any of the above information changes during the school year.

Please initial that you have read and signed the Rules and Regulations printed on the reverse side of this form.

Please initial here _____.

Parent's Signature

Date Signed