

CHILD REGISTRATION FORM FOR ST. JOHN EXTENDED DAY PROGRAM 2011-2012

| | | | | |
|---|------------|-------------------|------------|-------|
| Child's Last Name | First Name | Birth Date | Sex | Grade |
| Street Address | | City, State & Zip | Home Phone | |
| Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed | | | | |
| Previous Child Day Care Programs and Schools Attended | | | | |

PARENTS/GUARDIAN

| | | | |
|---|------------------|-------------------|--------------------------|
| Father | Last Name | Place Employed | Business Phone |
| Home Street Address | | City, State & Zip | Home Phone Cell Phone |
| Mother | Last Name | Place Employed | Business Phone |
| Home Street Address | | City, State & Zip | Home Phone Cell Phone |
| Person(s) or Agency Having Legal Custody of Child | | | |
| Home Street Address | | City, State & Zip | Home Phone Cell Phone |
| Business Street Address | | City, State & Zip | Business Phone |

EMERGENCY INFORMATION

| | |
|--|---------------------------------------|
| Allergies or intolerance to Food, Medication, etc | Action to Take in an Emergency |
| Child's Physician | Phone |
| NAMES AND ADDRESSES OF TWO PEOPLE TO CONTACT IF PARENTS CANNOT BE REACHED | |
| 1. Name: | Address: |
| | H Phone W Phone |
| 2. Name: | Address |
| | H Phone W Phone |
| Person(s) Authorized to Pick Up Child | |
| Person(s) NOT Authorized to Pick Up Child* | |

* Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child
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AGREEMENTS

1. The St. John Academy Extended Day Program agrees to notify the parent/guardian whenever the child becomes ill.
2. I agree to pick up my sick or injured child in a timely manner when contacted. If I cannot be contacted in an emergency, the school has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment, which a physician deems necessary for the well being of my child.
3. I agree to notify the school within 24 hours if my child or any member of my immediate household has developed a communicable disease. I agree to notify the school immediately if the disease is life threatening.

SIGNATURES

Parents or Guardian

Date

Administrator of Center

Date

Date Child Entered Care: _____

*If there is an objection to seeking emergency medical care, a statement should be obtained from the parents or guardian that states their objection and the reason for their objection.

Registration fee *per family* is \$15.00

Registering child: Yes No

If you have checked **Yes**, please select **Plan A or B**, and enclose a check for **\$15.00 per family**.

Plan A:

attendance on a regular basis

\$8.00 per hour for the first child

\$2.00 per hour for each additional child

Plan B:

attendance on a drop in basis or in case of emergency

\$9.00 per hour for the first child

\$2.00 per hour for each additional child

If you have checked **No**, you may **only** select **Plan C**

Plan C:

\$10.00 per child per hour

* Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child
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