

St. Patrick's School
After Care/Before Care Registration Form

One form per family

Family Name _____

Priority Home and Cell Phone Numbers _____

Please list all Parents/Guardians/Others who have permission to pick up your child:

Name Relationship Contact Phone Number

Name Relationship Contact Phone Number

Name Relationship Contact Phone Number

***Child will only be allowed to leave with authorized individuals listed above**

Please list all child medical information below

Doctor Phone Dentist Phone Preferred Hospital

Please list all known health problems, medical conditions and medication history:

Please Initial Each Line

_____ In case of a minor accident or illness I request the school to contact me or any of my listed authorized guardians. Any listed guardian has authority to care for my child.

_____ In the event of my child suffering a life threatening accident or illness I permit the school to contact 911 emergency medical systems immediately. I hereby give my permission for the emergency team to perform any and all treatment necessary for my child's well being. This includes necessary transport to the nearest medical facility. I agree to be financially responsible for my child's care and treatment.

I do hereby state that I am the parent or legal guardian of the child listed on this form. I give permission to St. Patrick's School to provide care for my child outside of regular school hours when requested. I agree to pay for all care services monthly.

Signature: _____ Date: _____

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