



## St. Francis of Assisi Extended Care 2011 – 2012 Registration Form

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Current Address \_\_\_\_\_

E-mail Address (Please Print) \_\_\_\_\_

### Enrollment status:

\_\_\_\_ **Full-Time** (3 or more days a week, you are obligated to pay for every week of the school year)

\_\_\_\_ **Drop -In** (you are obligated to pay for every day your child attends, payments are due that day)

Father's Information	
Name	_____
Address	_____ _____
<i>(if different from child's)</i>	
Home Phone	_____
Employer	_____
Work Phone	_____
Cell Phone	_____

Mother's Information	
Name	_____
Address	_____ _____
<i>(if different from child's)</i>	
Home Phone	_____
Employer	_____
Work Phone	_____
Cell Phone	_____

Names of siblings enrolled in Extended Care \_\_\_\_\_

If parents are divorced, which parent has custody of the child? \_\_\_\_\_

### Emergency Contacts if parents cannot be reached:

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

### Persons allowed to pick up child from extended care, other than the parents:

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

### Medical History - Student has had or currently has the following:

\_\_\_ Asthma  
\_\_\_ Allergies, specify \_\_\_\_\_  
\_\_\_ Diabetes  
\_\_\_ Epilepsy  
\_\_\_ Eye problems  
\_\_\_ Headaches/migraines

\_\_\_ Hearing Difficulties  
\_\_\_ Heart Problems  
\_\_\_ Hemophilia (bleeder)  
\_\_\_ Seizures  
\_\_\_ Speech Difficulties

List any medications your child takes regularly: \_\_\_\_\_

Are there any restrictions to physical activity? \_\_\_\_\_

### In an emergency:

Physician's Name \_\_\_\_\_  
Hospital/Clinic \_\_\_\_\_

Phone \_\_\_\_\_  
Phone \_\_\_\_\_

Office Use Only: Paid \_\_\_\_\_ Cash/Check \_\_\_\_\_



## **MEDICAL INFORMATION**

A nurse is not on staff during the Extended Care Program hours of 3:00p.m. – 6:00p.m. If your child requires medication during these hours, please arrange for the administration of the medicine by the school nurse near the end of the school day. In emergency medical situations, the program staff will call qualified emergency personnel to attend to your child if necessary.

In the event that medication must be dispensed by a member of the Extended Care staff, the Prescription Drug and Medicine Authorization form must be completed and on file in the Health Room and the medication must be in the Health Room. Please see the front office for this document.

Please report any chronic medical problem that your child may have to the Extended Care office staff. Please report any temporary illness to the Extended Care office staff.

Any student that has in their possession, medication not registered with the school, is subject to suspension or expulsion from the Extended Care Program.

### **Medical History**

Allergies (include allergies to particular medicines, foods and insects):

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Medical Conditions (such as asthma, diabetes):

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Physical Disorders:

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If student is currently taking any type of medication, please list:

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Does your child have medicine in the Health Room (such as inhalers, insulin, Epi-Pen, etc.)? If yes, please list medications:

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### **AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

If my child, \_\_\_\_\_, should become ill or injured at SFA Extended Care, I understand that the facility will (1) contact me immediately or (2) contact the person(s) I have designated if I cannot be reached. Should the facility be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or the medical facility is authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I will accept responsibility for payment of medical services rendered.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Date \_\_\_\_\_

**Please fill out one form per child**