

St. Anselm School Extended Care Program

REGISTRATION FORM

(PLEASE PRINT)

Family's Last Name _____ Home Phone # _____

Street Address _____ City _____ Zip code _____

Child's Name

Age

Grade

1) _____

2) _____

3) _____

4) _____

Mother's Name _____ Cell # _____ Work # _____

Father's Name _____ Cell # _____ Work # _____

In the event that I am not able to pick up my child(ren), I give my permission to the following individuals to pick them up:

1) _____ Relationship _____ Phone # _____

2) _____ Relationship _____ Phone # _____

If parents are not available, please provide the name & phone # of an emergency contact person:

Name _____ Relationship _____ Phone # _____

Emergency Medical Data

In the event reasonable attempts to contact me at phone # _____ or (other parent/guardian) _____ at phone # _____ have been unsuccessful, I hereby give my consent for: The administration of any treatment deemed necessary by (preferred physician) Dr. _____ phone # _____ or (preferred dentist) Dr. _____ phone # _____ or in the event this designated practitioner is not available, by another licensed physician or dentist, and the transfer of my child to (preferred hospital) _____ or any hospital reasonably accessible.

Family Insurance Data: (Company Name) _____ Policy # _____

Insurance Company Phone # _____

Facts concerning the child's medical history including allergies, medication being taken, and any physical impairment to which a physician should be alerted: _____

I do hereby give permission for my child to participate in the Extended Care Program and activities. I understand that no liability is assumed by St. Anselm Church or School or other program sponsors or staff.

Signature of Parent/Guardian _____ Date _____

→ → **NOTE: Please include your \$30 non-refundable registration fee.**

Make checks payable to: St. Anselm School.