

2016-2017
St. John the Baptist School
Before School Care Registration Form
Time: 6:30-7:30am Cost: \$2.00/day per family

Family's Last Name: _____

Child's First Name: _____ M / F Grade: _____

Child's First Name: _____ M / F Grade: _____

Child's First Name: _____ M / F Grade: _____

Registering For: (If you are able to be specific with days, please do so)

Full Time (4 – 5 days/week) _____ Part Time (1 – 3 days/week) _____

Approximate time of arrival: _____

Identification Information:

Home Phone Number: _____

Home Address: _____

Emergency Phone Numbers: (Please indicate who to contact first)

Mother: _____ Father: _____

Emergency Contact Person (other than parent or doctor):

Name: _____ Phone Number: _____

Relationship: _____ Work/Other #: _____

Please list any medical conditions that the Care Coordinator should be aware of: (allergies, medical conditions, etc.)

Child's Name: _____ Conditions: _____

If a child should become ill while at Before School Care, the parent will be notified and that child will be separated from the rest of the children to keep exposure to a minimum.

In case of an accident, or serious illness, if we or the people designated are unable to be reached, I hereby authorize the Care Coordinator to call the physician listed above and to follow their instructions. If the physician is unable to be contacted, the Care Coordinator or person in charge may make whatever arrangements are deemed necessary.

Parent/Guardian Signature

Date