St. Anastasia Catholic School Family Form 2011-2012

Extended Day Program

Last Name _____
This is the name the entire family will be registered as

Mailing Address _____
Street, City, State, Zip - This is the address where all school correspondence will be sent

Phone #1 _____ Phone #2 _____
Primary number for phone communication Secondary number for phone communication

Name of Child First and Last Name	Birthdate mm/dd/yy	2011-2012 Grade

Parent/Guardian

Parent _____ Guardian _____

(Last Name) (First Name)

(Street, City, State, Zip)

#1 #2 #3

(Primary Phone: Home, Cell, Work) (Secondary Phone: Home, Cell, Work) (Tertiary Phone: Home, Cell, Work)

Parent/Guardian

Parent _____ Guardian _____

(Last Name) (First Name)

(Street, City, State, Zip)

#1 #2 #3

(Primary Phone: Home, Cell, Work) (Secondary Phone: Home, Cell, Work) (Tertiary Phone: Home, Cell, Work)

Attendance Frequency

_____Before School (7 am - 8 am) _____Every Day _____Occasionally

_____ After School (3 pm - 6 pm) _____Every Day _____Occasionally

Financially Responsible Party

(The person or persons who will be personally responsible for all fees, tuition and other expenses related to the child (children) listed above)

Name (Street, City, St, Zip) (Phone)

St. Anastasia Catholic School Family Form 2011-2012

Extended Day Program

Authorization to pick up child (children) as listed on page one of this form- following adults (18 years or older) are authorized to pick up the child (children) from school:

Full Name	(Street, City, St., Zip)	Phone Number	Relation to child
1			
2			
3			

Authorization to be notified in case of an emergency concerning the child (children) listed on page one -The following adults (18 years or older) are authorized to be contacted in case of an emergency that would concern the child's (children's) safety or well being:

Full Name	(Street, City, St., Zip)	Phone Number	Relation to child
1			
2			
3			

Caregivers' Emergency Consent Form 2011-2012

IN CASE OF AN EMERGENCY I (we) authorize St. Anastasia Catholic School to call 911 and take my (our) child (children) to the emergency room for medical attention.
IN CASE OF AN EMERGENCY I (we) authorize the emergency medical transport to take my (our) child (children) to the emergency room of the nearest hospital, accompanied by a school staff member.

Caregiver #1 Signature _____

Caregiver #2 Signature _____

Allergies/Physical Disabilities/Medications (List each child individually)

_____

_____

_____ The child (children) listed on page one of this form does (do) not have any allergies, physical disabilities and is (are) not administered medication Caregiver #1 initials _____ Caregiver #2 initials _____

Physician's Name _____ Phone Number _____
Medical Insurance Carrier _____ Policy Number _____

Other pertinent medical information _____

_____

_____

For office use only Reviewed by _____ Date _____