

**Our Lady of Grace
Extended Care 2007-08**

Date: _____
Enrollment Date _____
Reg. Fee _____

Student
Name _____
Last First Middle Initial

Address of
Student _____

Birth Date _____
Current Grade _____

Phone Number _____

Email address _____

Mother's Name _____

Address _____

Phone Number _____

Cell # _____

Mother's Place of
Work _____
Firm Name Address Phone

Father's Name _____

Address _____

Phone Number _____

Father's Place of
Work _____
Firm Name Address Phone

Hours Mother Works_____

Hours Father Works_____

Child's Arrival Time_____

Child's Departure Time_____

Child Lives With: Mother_____ Father_____ Other_____

Person responsible for

Tuition:_____

Names and ages of brothers, sisters or other children living in the home:

Other pertinent family information you wish to share with us:

Please give a brief health care summary of your child (any health problems your child may have, such as allergies, physical or mental handicaps, special diet, etc.)

In case of emergency or illness, I authorize the following person to act on my behalf if I cannot be reached:

Name:_____

Address_____

Home Phone_____ Work Phone_____

Name:_____

Address_____

Home Phone_____ Work Phone_____

Child's Doctor_____

Address_____

Phone_____

Child's Dentist _____

Address_____

Phone #_____

As legal guardian for my child(ren)_____I do hereby consent and authorize the Our Lady of Grace Care to take any and all action including use of medical services and hospital facilities as the program may deem appropriate in the event that my child(ren) should become ill or otherwise injured while under care of the Our Lady of Grace Extended Care.

Signature of parent/guardian

Date

In the event of accidental poison ingestion, I understand that the Our Lady of Grace Extended Care staff will contact Poison control or a physician. I give my permission for the staff to administer syrup of Ipecac to my child(ren) if directed to do so by the authorities at the Poison Control Center or a physician.

Signature of parent/ guardian Date

I give my permission to Our Lady of Grace Extended Care to take my child on supervised walking excursions.

Signature of parent/ guardian Date

I give permission to Our Lady of Grace Extended Care to take my child on supervised excursions where transportation is provided.

Signature of parent/guardian Date

I give permission to Our Lady of Grace Extended Care to take photographs of my child and use them in publicity if they so desire.

Signature of parent/guardian Date

Persons AUTHORIZED to take child(ren) from Our Lady of Grace
Extended Care:

1. _____
Name

Address

Relationship to Child Phone

2. _____
Name

Address

Relationship to Child Phone

Persons NOT AUTHORIZED to take child(ren) from Our Lady of
Grace:

1. _____
Name Address

2. _____
Name Address

TERMS OF APPLICATION:

The registration fee of \$20.00 per family must accompany each application for enrollment, before it can be processed. The registration fee is not refundable unless the application is not accepted; there is no refund for holiday or illness. Two week's written notice is required prior to withdrawal.

I understand and agree to the above terms.

_____ Parent/ Guardian

