

Extended Care-Application form
Our Lady of Grace
2009-2010

Date: _____
_____ **Enrollment Date**
_____ **Reg. Fee \$25/per family**

Student Name _____
Name _____
Last First Middle Initial

Address of Student _____

Birth Date _____ **Current Grade** _____

Phone Number _____ **Cell #** _____

Mother's Name _____ **Address** _____

Phone Number _____

Email address _____

Mother's Place of Work _____

Firm Name Address Phone

Father's Name _____ **Address** _____

Phone Number _____ **Cell #** _____

Emil address _____

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 _____ **Cell Phone** _____

Name: _____ **Address** _____

Home Phone _____ **Cell 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 Extended 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 \$25.00 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***