



# 2018-2019 Saints, Inc. Extended Care Registration

Welcome to Saints, Inc. St. Joseph's afterschool care program!

Please fill out the following information. It is important that we always have current information about your child. To update any information during the school year, call the School Office at (952) 442-4500.

## Part 1: Introduce Us to Your Child

1. What is your child's full legal name?

First Name Middle Name Last Name

2. Does your child prefer to be called by a nickname?

No  Yes, What is the name? \_\_\_\_\_

3. Child's birthdate 4. Child's gender?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month / Day / Year

Gender:  Male  Female

5. Where does your child live?

Address \_\_\_\_\_

City, State Zip Code \_\_\_\_\_

6. Mothers information

Mother's Name \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Mother's Email \_\_\_\_\_

7. Father's information

Father's Name \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Father's Email \_\_\_\_\_

8. Whom should we call in an emergency?

In an emergency or if your child becomes sick, we will first call a parent or legal guardian. If we cannot reach that person, we will then call your designated emergency contact in the order listed. The contact should be able to come to school to pick up your child.

List people (other than parents) who do not live with your child:

Person's name	Relationship	Contact Phone
_____	<input type="checkbox"/> Aunt or uncle	Cell (____) ____ - _____
_____	<input type="checkbox"/> Grandparent	Work(____) ____ - _____
_____	<input type="checkbox"/> Other _____	Other (____) ____ - _____

Person's name	Relationship	Contact Phone
_____	<input type="checkbox"/> Aunt or uncle	Cell (____) ____ - _____
_____	<input type="checkbox"/> Grandparent	Work(____) ____ - _____
_____	<input type="checkbox"/> Other _____	Other (____) ____ - _____

9. Date and Time Selections

**Before School**

Time: 6:00-7:45 am

**After School**

Time: 2:45-6:00 pm

Circle Day(s)

M T W TH F

Time

List est. times:

Contracted Rate

\$3.00/half hour

M T W TH F

List est. times:

\$3.00//half hour

## Part 2: Tell Us About Your Child's Health

9. Does your child have any health issues such as allergies, asthma, medication requirements, or activity restrictions?

- No Health Problems       ADD/ADHD (diagnosed)       Asthma/Respiratory  
 Diabetes       Food Intolerances       Heart/Cardiovascular  
 Mental Health       Seizures/Neurological

Describe Health Issues that were checked in the above chart:

Allergies:  Yes     No (Please specify if allergy is mild, severe or life threatening:)

My student is carrying his/her own Epi-Pen (physician's orders required)     Yes     No

### Medications / Treatment

At Home:     Yes     No

At School:     Yes     No

(Medications in school: *Medications can be dispensed in school only when absolutely necessary for the well being of the student. All medications, both prescription and non-prescription, require an order from the doctor and the parent requesting that the medication be given during the school day. Prescription and non-prescription medication must be supplied in the original labeled container. Ask the pharmacist for a bottle for home and one for school.*)

Activity Restrictions:     Yes     No

Explain:

### Physician and Clinic Information

Physician/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand the information on this form is given voluntarily. This information is

### For Your Information

collected to provide your student's health and safety while at Saints, Inc. Your signature gives permission to share health concerns with appropriate staff for your student's safety. Hearing and vision screenings are provided to students according to state guidelines.

Your signature also authorizes the school to contact the doctor/clinic listed above and/or to provide emergency vehicle transportation to the hospital in the event that you cannot be reached in an immediate emergency. The parent(s) /guardian(s) are responsible for all expenses.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_