

**Sacred Heart After School Childcare
Registration/Medical Form 2011-2012**

(Please return to Jessica Truex, Sacred Heart After School Childcare)

Child #1 Name _____ Age ___ Birth Date _____ M or F
Grade Entering: _____

Child #2 Name _____ Age ___ Birth Date _____ M or F
Grade Entering: _____

Child #3 Name _____ Age ___ Birth Date _____ M or F
Grade Entering: _____

Child #4 Name _____ Age ___ Birth Date _____ M or F
Grade Entering: _____

Mother's Name _____ Home Phone: _____
Cell Phone: _____
Address _____ Work Phone: _____
Street City State Zip Code

Employed by _____

Father's Name _____ Home Phone: _____
Cell Phone: _____
Address _____ Work Phone: _____
Street City State Zip Code

Employed by _____

Custodial Parent _____

Days child care needed (circle all that apply):

M T W TH F or Days Vary

Hours child care needed (circle approximate time child will be picked up)

4:00 4:30 5:00 5:30 6:00 or Hours vary

Additional Comments:

In case of an emergency, and if **parents can not be contacted, please call:**

Name Relationship Phone Number

1. _____

2. _____

List all individuals authorized to pick up the child. (MUST list parents)

1. _____ 2. _____ 3. _____

relationship: relationship: relationship:

4. _____ 5. _____ 6. _____

relationship: relationship: relationship:

HEALTH QUESTIONS

	CHILD #1	CHILD #2	CHILD #3	CHILD #4	EXPLANATION
Does child have any allergies?					
Any medical condition?					
Is child on any medication?					
Possible side effects?					
Does medication need to be taken during our care?					
Has the child had any operations, serious injuries, or illnesses?					
Any restrictions to activities?					
Does your child have any fears that we should know about in advance? (Insects, animals, etc.)					
Has any event occurred that could cause emotional problems? (Death, divorce, etc.)					

EMERGENCY MEDICAL CARE AUTHORIZATION

I (We) expect to be notified at once in case of an accident or illness to my (our) child. I (We) will make arrangements for medical care of my (our) child with the physician or hospital of my (our) own choice. If I (we) cannot be reached to make the necessary arrangements, I (we) hereby authorize Sacred Heart After School Childcare to contact Dr. _____

Address _____ Phone # _____

Or the nearest hospital for the emergency care of (child's name) _____

Parent/Guardian signature _____ date _____

This is to certify that my child is, to the best of my knowledge, in good health and free of disabilities that would endanger him/her or other children in the Sacred Heart After School Childcare Program.

Parent/Guardian signature: _____ date _____

(Office use only)

\$25.00 enrollment fee paid: cash _____ or check # _____ Date of registration: _____

Deposit amount into account: _____ cash _____ or check # _____