



# Saint Patrick School Extended Care Registration Application 2025-2026

*Please complete a separate application for each child.*

Name of Student \_\_\_\_\_

Student likes to be called \_\_\_\_\_

Address \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mother Ph: \_\_\_\_\_

Father's Ph: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Emergency Contact Information (please list 2 people **other than parents above**—parents will always be contacted first):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

People who may pick up your child:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

## Attendance Options:

Regular Attendance: (list days and times): \_\_\_\_\_

Occasional Drop-In: \_\_\_\_\_

**MEDICAL RELEASE FORM**

**Student's Name:** \_\_\_\_\_

**Medical Information**

**Physician's name:** \_\_\_\_\_

**Physician's phone number:** \_\_\_\_\_

**Known Allergies/Allergic Reactions:** \_\_\_\_\_

**Other Pertinent Medical Information:** \_\_\_\_\_

**Current Medication(s):** \_\_\_\_\_

**Medical Consent:**

In case of a medical or surgical emergency, I hereby give permission to the Saint Patrick School employees to secure proper medical treatment for the above named student. I understand that I am responsible for the cost of any medical treatments including surgery received by my child. I hereby release the directors and staff of the event from all responsibility for sickness or accidents which occur during the event. I understand that I will be contacted immediately in the case of an emergency.

**Signature:** \_\_\_\_\_

## *Parent Signature Page*

I have read the 2025-2026 Saint Patrick School Extended Care Handbook and agree to follow the school policies and procedures as stated.

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Parent signature

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Date

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Parent signature

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Date

SIGNED FORM DUE TO EXTENDED CARE DIRECTOR BEFORE A STUDENT MAY ATTEND THE EXTENDED CARE PROGRAM.

Registration Fee of ***\$25 per student*** must be paid each year to enroll in the program.

The registration and monthly charges will be added to the FACTS Agreement plan as they apply.