

Please complete a separate application for each child.

**St. Patrick's Catholic School Extended Care Program Application
2020-2021**

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** _____

Persons 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 St. 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: _____

