

Saint Timothy Catholic School

Registration Form for Saint Timothy Catholic School Aftercare Program 2023-2024 One child per Registration Form

To enroll your child in the Aftercare Program, please complete this form, to be accompanied by a non-refundable Registration Fee of \$45.00 per family that will be charged through your FACTS account.

Child's Full Name		_ Child's Nick	name
Are you registering for full-time or drop-in afterca	are?		
Child's Date of Birth//	Sex	Grade	Teacher:
Child's Address			

Chronic Physical Problems/Pertinent Developmental Info/Special Accommodations Needed

Parent(s)/Information (If not applicable, write N/A. Do not leave any blank spaces)

Mother's Full Name			
Address			
Name of Employer			
Address of Employer (City, State	, Zip)		
Email Address			
Home Number	Work Number	Cell Number	
Father's Full Name			
Address			
Name of Employer			
Address of Employer (City, State	, Zip)		_
Email Address			
Home Number	Work Number	Cell Number	

Guardian Information (If not applicable, write N/A)

Full Name		
Address		
Name of Employer		
Address of Employer (Ci	ity, State, Zip)	Email Address
Home Number	Work Number	Cell Number
	EMERGENCY Inform	nation and Contact
Child's Name		
allergies aren't present.	o Food, Medication, Adhesive, etc	c. and action to be given. Please indicate NONE, i
allergies aren't present. Child's Physician	o Food, Medication, Adhesive, etc	c. and action to be given. Please indicate NONE, i
allergies aren't present. Child's Physician EMERGENCY CO	o Food, Medication, Adhesive, etc Physician DNTACTS: Two People OTHER	c. and action to be given. Please indicate NONE, i n's Phone Number <u>CTHAN</u> Parent and/or Guardian cannot be reached
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PARENT/ GUARDIAN AGREEMENT

1. Saint Timothy School Aftercare Program agrees to notify the parent/guardian whenever the child becomes ill. Parent(s)/guardian will arrange to have the child picked up as soon as possible.

2. The parent(s)/guardian authorizes the Saint Timothy School Aftercare Program to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately.

3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

4. By signing, Parent/Guardian agrees to all rules in Aftercare Handbook.

Parent(s)/Guardian

Date