



# Saint Timothy Catholic School

## Registration Form for Saint Timothy Catholic School Extended Day Program 2022-23

### 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 \$40.00 per family that will be charged through your FACTS account.

Child's Full Name \_\_\_\_\_ Child's Nickname \_\_\_\_\_

Are you registering for full-time or drop-in aftercare? \_\_\_\_\_

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 please put N/A)**

**Mother/ Guardian's Full Name** \_\_\_\_\_

Address \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address of Employer (City, State, Zip) \_\_\_\_\_

Email \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**Father/ Guardian's Full Name** \_\_\_\_\_

Address \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address of Employer (City, State, Zip) \_\_\_\_\_

Email \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**Guardian Information (If not applicable please put N/A)**

Address (City, State, Zip) \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address of Employer (City, State, Zip) \_\_\_\_\_ Email \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**EMERGENCY Information and Contact**

Child's Name \_\_\_\_\_

Allergies or intolerance to Food, Medication, Adhesive, etc. and action to be given. Please indicate NONE, if allergies aren't present.

Child's Physician \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

**EMERGENCY CONTACTS: Two People OTHER THAN Parent and/or Guardian cannot be reached**

Name _____	Relation to Child _____	Phone (best contact) _____
Name _____	Relation to Child _____	Phone (best contact) _____

**Person(s) AUTHORIZED to Pick-up Students (Identification Required)**

_____	_____
_____	_____
_____	_____

**Person(s) NOT AUTHORIZED to Pick-up Students (If parent, please submit custody papers)**

**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
_____	_____
Aftercare Director	Date

(All information requested on registration is required by the Department of Social Services under the 22VAC 15-30-80. code)