

ST. ELIZABETH EXTENDED CARE

BARBARA HARRINGTON  
Coordinator  
(415) 468-0468



REGISTRATION

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Child's CUSTODIAL parents/guardians whose SIGNATURES ARE ON PAGE 2.

Mother \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Business Name \_\_\_\_\_ # \_\_\_\_\_

Father \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Business Name \_\_\_\_\_ # \_\_\_\_\_

**CHILD WILL NOT BE RELEASED TO ANYONE NOT ON THIS FORM  
WITHOUT WRITTEN AUTHORIZATION FROM A GUARDIAN.**

-List every other person you allow to release your child from our program.

-Please list in order of sequence to call if needed. Do NOT list St. Elizabeth school students.

**\*The first two people will be called in case of EMERGENCY if guardians cannot be reached.**

They should be informed of their authorization to act in your absence.

Please list someone NEARBY who can be reached quickly.

Name	Work #	Home #	Cell #
* _____	_____	_____	_____
* _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**MEDICAL CONCERNS OR ALLERGIES** \_\_\_\_\_

May we call child's Doctor or Dentist if needed? YES \_\_\_\_\_ NO \_\_\_\_\_

Doctor \_\_\_\_\_ # \_\_\_\_\_ Dentist \_\_\_\_\_ # \_\_\_\_\_

Hospital preference \_\_\_\_\_ Insurance info \_\_\_\_\_

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**PROGRAM CHOICES - Choose SCHEDULED or DROP IN CARE**

**\*SCHEDULED CARE\***

Scheduled use fees are based on actual scheduled hours for the school year, and divided into nine equal payments. Fees are due by the 25<sup>th</sup> of each month (Sept-May). **No fee credits are allowed for absence from our program.**

Request child's schedule by initialing time choice and marking weekdays needed.

**-MORNING CARE** Circle week mornings needed      M   T   W   TH   F

**-AFTER SCHOOL CARE**

Circle WEEK DAYS needed after school. **(Includes early dismissals)**      M   T   W   TH   F

\_\_\_ 4:00 Release    \_\_\_ 4:30 Release    \_\_\_ 5:00 Release    \_\_\_ 5:30 Release    \_\_\_ 6:00 Release

**-EARLY DISMISSALS ONLY**

\_\_\_ BOTH early dismissals (12:30PM & 1:30PM) ONLY until 3PM    \_\_\_ 1:30PM dismissals ONLY to 3PM

**\*DROP IN CARE\***

IF YOU CANNOT SCHEDULE USE, YOU MAY UTILIZE OUR PROGRAM AS NEEDED.

- Care may be arranged by phone, note or in person (when possible).
- For safety reasons, all children not picked up by 15 minutes past dismissal are required to check into our program.
- Children arriving without previous notification must wait our 15 minutes grace period before being added to our attendance.

FULL HOUR FEES ARE CHARGED (Minimum 1 hr)

\_\_\_\_\_ Please initial for DROP IN CARE ONLY, as needed.

**IMPORTANT - PLEASE READ AND SIGN BELOW**

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of this program. I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

- Administering abdominal thrusts, rescue breathing or CPR.
- Attempt to contact a parent or guardian or other person listed who is authorized to act in their absence.
- Attempt to contact the child's physician or dentist.
- Attempt to contact guardian through persons listed on the emergency information completed.
- (a) Call another physician or paramedics, (b) Call an ambulance,
- (c) Have the child taken to an emergency hospital in the company of a staff member.

Any expenses incurred, with above, will be borne by the child's family.

The school or Extended Care program will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

**CUSTODIAL PARENT/GUARDIAN SIGNATURES**

These signatures are necessary and will be checked for verification upon receiving notes releasing your child from our schedule, or authorizing additional persons to release your child from our program.

Date

Guardian signature

Date

Guardian signature

\_\_\_\_\_

\_\_\_\_\_