

*Our Lady Immaculate Catholic School*  
*After-School Care Registration Form*  
**AFTER-SCHOOL CARE REGISTRATION FEE OF \$10 PER STUDENT MUST  
 ACCOMPANY THIS FORM**

Child's Name \_\_\_\_\_ Sex \_\_\_\_ Birthdate \_\_\_\_\_

	<b>Mother</b>	<b>Father</b>
Name		
Address		
Employer		
Home Phone #		
Work Phone #		
Cellular Phone #		
Beeper #		

Child lives with \_\_\_\_\_  
 Child's Doctor: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_  
 Child's Dentist: \_\_\_\_\_ Dentist's Phone #: \_\_\_\_\_

Does your child have any food allergies?      Yes No \_\_\_\_\_  
 Does your child have any other allergies?      Yes No \_\_\_\_\_  
 Does your child have any other diet restrictions?      Yes No \_\_\_\_\_  
 Prescribe medications: \_\_\_\_\_

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My child has permission to be released to the following individuals, child care facilities or transportation services in addition to emergency contact persons listed above.  
 (Please notify these individuals that they may be asked for proof of identity)

<b>NAME</b>	<b>RELATIONSHIP</b>

**DISCIPLINE:** Courtesy, obedience, and good behavior are expected of children in after-school care. In order to provide a safe environment for all children, it is important to follow directions given by after-school care workers. A "time-out" policy will be used for discipline. If problems persist, Mrs. Reeves will be notified and parents contacted.

I authorize the facility to secure emergency medical treatment for my child.  
 Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date of Admission: \_\_\_\_\_