

ST. JOHN EUDES SCHOOL
EXTENDED DAY CARE PROGRAM

REGISTRATION FORM
2011-2012

Please PRINT all information CLEARLY.

FAMILY NAME: _____

Name of Child: _____ Grade: _____

Name of Child: _____ Grade: _____

Name of Child: _____ Grade: _____

Name of Child: _____ Grade: _____

PHONE NUMBERS:

Home: _____

Work: _____

Cell Phone: _____

Pager: _____

DAYS OF ATTENDANCE:

Monday to Friday

Minimum Day Fridays ONLY

TIME OF ATTENDANCE:

Morning and Afternoon

Morning ONLY

12:50 pm to 2:50 pm ONLY

Afternoon ONLY

TIME OF PICK-UP: _____

(Extended Day Care ends at 6:00 p.m.)

Parents should complete all the necessary Extended Day Care Program forms before the child can attend the program.

The sign in and out procedures will be strictly enforced. No child will be released to anyone not listed on the Student Release Authorization Form.

ST. JOHN EUDES SCHOOL
EXTENDED DAY CARE FAMILY AGREEMENT

Family Name: _____

Name of Child: _____ Grade: _____ Birthdate: _____

Name of Child: _____ Grade: _____ Birthdate: _____

Name of Child: _____ Grade: _____ Birthdate: _____

Name of Child: _____ Grade: _____ Birthdate: _____

Parent/Guardian Name: _____ Home Telephone: _____

Home Address: _____

Work Phone: _____ Cell Phone: _____ Pager No. _____

Parent/Guardian Name: _____ Home Telephone: _____

Home Address: _____

Work Phone: _____ Cell Phone: _____ Pager No. _____

- We understand that we are entering into a contract with St. John Eudes School to provide Extended Day Care services for fee for our child(ren).
- We agree to pay \$ _____ per month/week/hour according to the payment schedule outlined in the Parent-Student Handbook.
- We agree to pay any additional fees for late payment or late pick-up as described in the Parent-Student Handbook.
- We understand that the Principal may permanently terminate a family's participation in the Extended Day Care Program if payments are in arrears, if student conduct warrants this decision, if there are consistent violations of the policies and procedures outlined in the Parent-Student Handbook.
- We understand that we must complete all information and forms deemed necessary by the Extended Day Care Program for the safety and well-being of the children.
- We understand that the Extended Day Care Program is an extension of the school day and have directed our child(ren) to adhere to all school policies and regulations. We further understand that breaches of these rules will be cause for disciplinary action, whose implementation we will support.
- We understand that students must be signed in/out of the Extended Day Care Program, and that students will only be released to adults authorized on the Student release Authorization Form.

We have received and reviewed the St. John Eudes School Parent-Student Handbook and agree to follow the policies and procedure outlined in it. We have discussed pertinent sections with our child(ren) and will cooperate with and support the implementation of the Extended Day Care Program as described in the Handbook.

Signature of Parent/Guardian _____

Signature of Parent/Guardian _____

Signature of Child: _____ Signature of Child: _____

Signature of Child: _____ Signature of Child: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone : _____

Cell Phone: _____ Pager No. _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone : _____

Cell Phone: _____ Pager No. _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone : _____

Cell Phone: _____ Pager No. _____

OUT OF STATE CONTACT *(Person to be contacted during a disaster):*

Name: _____ Relationship: _____

Home Phone: _____ Work Phone : _____

Cell Phone: _____ Pager No. _____

ST. JOHN EUDES SCHOOL
EXTENDED DAY CARE MEDICAL RELEASE FORM

Please print all information clearly. This form should be filled out for each child.

Family Name: _____

Child's Name: _____

First

Middle

Last

Date of Birth: _____ Age: _____ Grade: _____

AS THE PARENT/LEGAL GUARDIAN , I GIVE ST. JOHN EUDES SCHOOL EXTENDED DAY CARE PROGRAM CONSENT TO PROVIDE FOR MY CHILD ALL EMERGENCY MEDICAL OR DENTAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OR DENTIST (D.S.). THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF MY CHILD. *IF PARAMEDICS ARE CALLED, I UNDERSTAND THAT MY CHILD WILL BE TAKEN TO THE NEAREST HOSPITAL, NORTHRIDGE MEDICAL CENTER.*

PHYSICIAN or DENTIST TO BE CALLED IN EMERGENCY:

Doctor's Name: _____

Address: _____ Telephone: _____

Cell Phone: _____ Pager No.: _____

Medical Plan: _____ Policy No.: _____

Doctor's Name: _____

Address: _____ Telephone: _____

Cell Phone: _____ Pager No.: _____

Medical Plan: _____ Policy No.: _____

Dentist's Name: _____

Address: _____ Telephone: _____

Cell Phone: _____ Pager No.: _____

Medical Plan: _____ Policy No.: _____

The above named child has the following **MEDICAL CONDITIONS/ALLERGIES:**

The above named child takes the following medication regularly:

Parent/Guardian Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Cell Phone: _____ Pager No.: _____

Parent/Guardian Signature: _____ Date: _____

ST. JOHN EUDES SCHOOL
AUTHORIZATION FOR DISPENSING MEDICATION

"Any pupil who is required to take, during the regular school day, medication prescribed for him by a physician, may be assisted by the school nurse or other designated school personnel IF the school district receives: (1) written statement from such physician detailing the method, amount and the time schedules by which such medication is taken and; (2) a written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in matters set forth in the physician's statement."

Education Code 49423 and 49423.5

When it is necessary for a child to take medication, this completed form and the medicine must be brought by the parent/guardian to the Extended Day Care Program Coordinator, who will provide assistance to the pupil. All medication is to be self-administered by the student. Children may not have medication, either prescription or non-prescription in their possession at any time. The medication must be in the original prescription container and have the student's name on it.

Please print all information clearly.

Student's Name: _____ Date of Birth: _____

Illness: _____

Name of Medication: _____

Dosage: _____

Date medication is to be started: _____

Times to be given: _____

Number of days medication is taken: _____

Special Instructions: _____

Signature of Physician: _____ Date: _____

Physician's Name _____

Address of Physician: _____ Phone No. _____

Cell Phone: _____ Pager No. _____

I, _____, request that my child be assisted
(Name of Parent/Guardian)

in taking the above medication as prescribed.

Signature of Parent/Guardian: _____ Date: _____

ST. JOHN EUDES SCHOOL

PERMISSION TO PARTICIPATE IN DAY CARE ACTIVITIES AND TO RECEIVE EMERGENCY MEDICAL CARE

I hereby grant permission for my child to use all of the play equipment and participate in all activities of the Day Care Program.

I hereby grant permission for the Coordinator or Acting Coordinator of the Day Care Program to take whatever steps necessary to obtain the necessary emergency medical care if warranted. These steps may include but are not limited to the following:

1. Attempt to contact parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact the parent through any of the persons listed on the emergency information form completed by parent.
4. If unable to contact parent/guardian or child's physician, we will do any or all of the following:
 - a. Call an ambulance.
 - b. Call another physician.
 - c. Call paramedics.
 - d. Take child to an emergency hospital accompanied by a staff member.
5. Any expense incurred under the above steps will be borne by the child's family.
6. The school WILL NOT be responsible for anything that may happen as a result of false information given at the time of enrollment.
7. The school WILL NOT assume responsibility for a child who has not been signed in when he/she arrives for the day.

Signature of Mother/Legal Guardian: _____ Date: _____

Signature of Father/Legal Guardian: _____ Date: _____

ST. JOHN EUDES SCHOOL

IDENTIFICATION FOR PICK-UP FORM

Name of Child/Children _____

Address _____ Telephone _____

Mother/Guardian _____

Place of Work _____ Telephone _____

Work Hours _____ Cell Phone _____ Pager No. _____

Father/Guardian _____

Place of Work _____ Telephone _____

Work Hours _____ Cell Phone _____ Pager No. _____

PERSONS AUTHORIZED TO PICK UP CHILD:

Name _____ Home Phone _____

Work Phone _____ Cell Phone _____ Pager No. _____

Name _____ Home Phone _____

Work Phone _____ Cell Phone _____ Pager No. _____

Name _____ Home Phone _____

Work Phone _____ Cell Phone _____ Pager No. _____

PERSONS TO BE CALLED IN CASE OF EMERGENCY *(Pls. be sure to include someone who will usually know your whereabouts).*

Name _____ Relation to Child _____

Address _____ Home Phone _____

Work Phone _____ Cell Phone _____ Pager No. _____

Name _____ Relation to Child _____

Address _____ Home Phone _____

Work Phone _____ Cell Phone _____ Pager No. _____

Child's Physician _____

Work Phone _____ Cell Phone _____ Pager No. _____

If paramedics are called, the child will be taken to Northridge Medical Center, the closest hospital).

Special Information (medical, allergies, etc.): _____

**ST. JOHN EUDES SCHOOL
EXTENDED DAY CARE PROGRAM**

TIME EXTENSION CONTRACT

St. John Eudes School Extended Day Care Program operates from 6:45 a.m. until 6:00 p.m., for those students registered in the school whose parents desire this arrangement for the purpose of providing time for homework, arts and crafts, supervised play and sports.

In return, the undersigned parents/guardians agree to pay in advance the published fees by the 1st day of the month, and \$5.00 per minute after 6:00 p.m. if they are late picking up their child(ren). This late pick-up fee will be included with next month's bill and are due the 1st of the month. If payment is not received by the 5th, a late fee of \$25.00 will be assessed. Frequent lateness in picking up their child(ren) will be grounds for terminating the child(ren)'s participation in the program. Any child whose parents fail to meet these payment obligations, when due, will not be eligible to continue in this school program.

Failure of a student or parent/guardian to comply with the rules and discipline requirements of the Extended Day care Program, the school, and/or the Archdiocese of Los Angeles, as they are stated in the Parent/Student Handbook or adopted from time to time, may subject the student to denial of further participation in the program. A formal conference with the principal is necessary before a student would be removed from the Extended Day Care Program.

The undersigned parents/guardians agree to indemnify and hold harmless the Archdiocese, the school and all of their agents, employees, consultants (paid or volunteer), from any loss or liability arising out of the extended school program as such loss or liability related to the child(ren) covered by this contract.

The undersigned parents/ guardians are aware of and agree to follow the published policies and procedures of the Extended Day Care Program.

The names and grades of my children to be included in the program are:

NAME	GRADE
1. _____	_____
2. _____	_____
3. _____	_____

My children will attend:

- | | |
|--|---|
| <input type="checkbox"/> Full Time Morning & Afternoon | <input type="checkbox"/> Full Time Afternoon Only |
| <input type="checkbox"/> Morning Day Care Only | <input type="checkbox"/> Part Time |

Father's/Guardian's Signature _____ Date _____

Mother's /Guardian's Signature _____ Date _____