

2011-2012

St. Sylvester School

# EXTENDED DAY PROGRAM

## Application and Emergency Information

Date of Application: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### Mother/Legal Guardian's Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
\_\_\_\_\_

Work Phone: \_\_\_\_\_

### Father/Legal Guardian's Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
\_\_\_\_\_

Work Phone: \_\_\_\_\_

### Person(s) to be contacted in an emergency if parents/guardians are unavailable:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Person(s) to whom child may be released:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name of child's physician or source of medical care:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Special disability of child, if any:

Any special medical or dietary information necessary for management in an emergency situation - allergies (including medication reactions), medications, special conditions:

Any additional information on special needs of the child:

Health insurance coverage for child under family insurance policy or medical assistance benefits, if applicable: \_\_\_\_\_

Policy or medical assistance number (required): \_\_\_\_\_

*Please read the instructions below and complete as items apply.*

Parent/Guardian's signature required for each item below to indicate parental consent. Items not signed indicate that you do not want the treatment or activity for your child:

Obtaining emergency medical care: \_\_\_\_\_ Date: \_\_\_\_\_

Administration of minor first-aid procedures: \_\_\_\_\_ Date: \_\_\_\_\_

Outdoor activities (weather permitting): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please Note: Should your home address, home phone, employer, emergency contact and/or pickup persons change at any time, please inform us in writing so that we may keep this information current.