

Our Lady of Lourdes Aftercare Program

2023-2024 School Year

Registration Fee \$75.00 per Child

Child Information

Last Name: _____ First: _____ M.I. _____

Address: _____ Zip _____ Phone: _____

Birthday Month: _____ Day: _____ Year: _____ Grade in 23/24 _____

Parent Information

Mother's Name: _____ Address: _____ Zip _____

Mother's Home #: _____ Work #: _____ Cell #: _____

Mother's Employer: _____ Occupation: _____

Father's Name: _____ Address: _____ Zip _____

Father's Home #: _____ Work #: _____ Cell #: _____

Father's Employer: _____ Occupation: _____

E-Mail address _____ E-Mail address _____

Persons authorized to pick up your child other than parent

Person One: _____ Ph#: _____ Relation: _____

Person Two: _____ Ph#: _____ Relation: _____

Person Three: _____ Ph#: _____ Relation: _____

Person Four: _____ Ph#: _____ Relation: _____

Emergency Numbers other than parents (Must list at least two)

Contact One: _____ Phone #: _____

Contact Two: _____ Phone #: _____

Contact Three: _____ Phone #: _____

Contact Four: _____ Phone #: _____

My child will be attending: (Circle One) 5 Days or 3 Days THURSDAYS ONLY

Which 3 Days: Mon. Tues. Wed. Thu. Fri.

Our Lady of Lourdes Aftercare/Pre-School Program
Medical Release Form

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the Aftercare/Pre-School Program.

I hereby grant permission for the Director of person placed in charge by the Director to take whatever steps may be necessary to obtain emergency medical care.

The steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian, the child's physician, or the persons listed in the emergency contact list on the registration form.
2. If we cannot contact your or your child's physician, we will do one or both of the following: (a) call another physician or paramedics (b) have the child taken to an emergency hospital by ambulance in the company of a staff member. In no instance will the child be transported by a staff member's vehicle.
3. Any expenses incurred under 2, above, will be borne by the child's family.
4. The Program will not be responsible for anything that happens as a result of false information given at the time of the enrollment.
5. The Program will not assume responsibility for a child who has not been registered in the Aftercare/Pre-School Program or who has not reported to the staff that day.

Does your Child have any physical condition(s) or allergies of which we should be made aware?
Yes ___ No ___ If "Yes," please explain.

Child's Physician _____ Phone _____

Hospital _____ Phone _____

Signed (Mother) _____ Date _____

and/or

Signed (Father) _____ Date _____