

**St. Paul's Lutheran School
EXTENDED CARE REGISTRATION
2018-2019**

Child's Name _____ Birthdate _____ Sex _____

Address _____

Allergies: _____

Class/Grade _____ Teacher _____

Circle days needed and list times needed:

Monday _____ Tuesday _____

Wednesday _____ Thursday _____

Friday _____

Please contact Mrs. Bourdo if your childcare needs change. Separate sign-up sheets will be made available for school vacation days and/or summer care. Children must be registered in advance for extended care.

Father/Guardian's Name	Mother/Guardian's Name
Address	Address
City State Zip	City State Zip
Phone Number	Phone Number
Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased <input type="checkbox"/> Remarried	Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased <input type="checkbox"/> Remarried
_____ (Spouse's Name)	_____ (Spouse's Name)
Custody: <input type="checkbox"/> Sole <input type="checkbox"/> Joint	Custody: <input type="checkbox"/> Sole <input type="checkbox"/> Joint
Employer	Employer
Work Phone Number	Work Phone Number
Job Position	Job Position
Name of Church	Name of Church
Denomination	Denomination
E Mail Address	E Mail Address

Please complete the emergency contact information on the backside of this registration form. Thank you. OVER

EMERGENCY HOME CONTACT INFO

Dear Parent or Legal Guardian:

The well being of your child is considered very important by our school. Frequently when children become seriously ill or injured we find it difficult to locate the parents, legal guardians or the family physician (in case you cannot be reached) for immediate action. We appreciate your cooperation in filling out this report.

Family Physician _____ Phone No. _____

Whom shall we notify in case we are unable to reach either mother, father, legal guardian or family physician?

(Name)

(Address)

(Phone No.)

Relationship of above named person to child _____

In case of serious accident or illness at school, the school principal/Extended Care worker will send your child to _____ hospital, _____ (city), if in his opinion, emergency medical care is required. The legal responsibility for ambulance conveyance expenses and for medical expenses incurred on behalf of your child is a parental one.

Please list any special requests you wish to make to help us aid your child in case of emergency.

The following person(s) are authorized to pick my child up from Extended Care:

Name	Relationship to Child	Telephone Number

Signature of Parent or Legal Guardian

Date

Please notify the school whenever any of the contact information changes, or if the days/times for childcare needs change.