



ST. JOSEPH CATHOLIC SCHOOL

Building Wisdom and Faith Through Service to God

Registration Form for St. Joseph Catholic School Extended Day Program 2021-22

One child per Registration Form

To enroll your child in the Extended Day Program, please complete this form, to be accompanied by a **non-refundable** Registration Fee of \$50.00 **per family**, made payable to St. Joseph Catholic School and return to the Finance Office in an envelope addressed "Extended Day"

Initial here to have fee taken from FACTS_____

Child's Full Name _____ Child's Nickname _____

Child's Date of Birth ___/___/___ Sex ___ Grade _____

Child's Address (City, State, Zip) _____

This Child will attend Extended Day: Mornings___ Afternoons___ Both___

Chronic Physical Problems/Pertinent Developmental Info/Special Accommodations Needed

Previous Child Care Program and/or School _____

Parent(s)/ Guardian Information **If not applicable please put N/A**

Father/ Guardian's Full Name _____

Address (City, State, Zip) _____

Name of Employer _____

Address of Employer (City, State, Zip) _____

Email _____

Home Number _____ Work Number _____

Mother/ Guardian's Full Name _____

Address (City, State, Zip) _____

Name of Employer _____

Address of Employer (City, State, Zip) _____

Email _____

Home Number _____ Work Number _____

Person(s) or Agency Having Legal Custody of Child _____
Address (City, State, Zip) _____
Name of Employer _____
Address of Employer (City, State, Zip) _____
Email _____ Home Number _____ Work Number _____

EMERGENCY Information and Contact

Child's Name _____
Allergies or intolerance to Food, Medication, Adhesive, etc...Action to be given. **Please indicate NONE, if allergies aren't present.** _____
Child's Physician _____ Physician's Phone Number _____

EMERGENCY CONTACTS: Two People **OTHER THAN** Parent and/or Guardian cannot be reached

Name _____ Relation to Child _____
Phone (best contact) _____
Name _____ Relation to Child _____
Phone (best contact) _____

Person(s) **AUTHORIZED** to Pick-up Students (Identification Required)

Vehicle Information for pickup

Make _____ Model _____ Color _____ License _____
Make _____ Model _____ Color _____ License _____

Person(s) **NOT** AUTHORIZED to Pick-up Students (If parent, please submit custody papers)

PARENT/ GUARDIAN AGREEMENT

1. St. Joseph Extended Day Program agrees to notify the parent/guardian whenever the child becomes ill. Parent(s)/guardian will arrange to have the child picked up as soon as possible.
2. The parent(s)/guardian authorizes the St. Joseph Extended Day program to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately.
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
4. By signing the following page, Parent/Guardian agrees to all rules in Extended Day Handbook including additions due to COVID

SIGNATURES

_____	_____
<i>Parent(s)/ Guardian</i>	<i>Date</i>
_____	_____
<i>Administrator of Extended Day Program</i>	<i>Date</i>

(All information requested on registration is required by the Department of Social Services under the 22VAC 15-30-80. code)

Date Child entered Extended Day (Office Use Only)	Date child left Extended Day (Office Use Only)