



Saint Mary Catholic School

Beyond the Bell Program

Learning Today, Leading Tomorrow

40 Spring Mount Road, Schwenksville, PA 19473

Phone: 610-287-7757 Fax: 610-287-2562

www.smsk-8.org

Student Information

Name: _____ Circle one: Male Female
Last First Middle

Date of Birth: _____ Grade: _____ Start Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Other Siblings in Program: _____

Parent/Legal Guardian Information

Student Primarily Lives With: _____ Father _____ Mother _____ Other
(Check All That Apply) _____ Stepfather _____ Stepmother

_____ Grandparents _____ Legal Guardian

Mother: Name _____
Last First

Is Address different than child's? No Yes (Please fill in below)

Address _____ City: _____ State: _____ Zip: _____

Home Phone # _____ Cell Phone # _____

Employer _____ Work Phone # _____

Father: Name _____
Last First

Is Address different than child's? No Yes (Please fill in below)

Address _____ City: _____ State: _____ Zip: _____

Home Phone # _____ Cell Phone # _____

Employer _____ Work Phone # _____

Legal Guardian: Name _____ Relation to Student _____
Last First

Is Address different than child's? No Yes (Please fill in below)

Address _____ City: _____ State: _____ Zip: _____

Home Phone # _____ Cell Phone # _____

Employer _____ Work Phone # _____

Custody

Are there and custody/legal issue regarding this child? No Yes

If yes, please provide a copy of the latest court order.

Emergency Contact Information and Authorized Person(s) to Pick Up

Please list additional person's allowed to pick up your child. All persons will be required to show picture identification upon pick up. In the event of an emergency and we are unable to reach Parents/Legal Guardian, the following people may also be contacted and they are authorized to act in my absence.

Name _____

Last

First

Relationship _____

Home Phone # _____

Cell Phone # _____

Name _____

Last

First

Relationship _____

Home Phone # _____

Cell Phone # _____

THE FOLLOWING PERSON(S) ARE NOT AUTHORIZED FOR PICKUP:

Medical Needs

Medical or Emotional Conditions or Allergies _____

Prescribed Medications _____

Disability* _____

*As defined by *Individuals with Disabilities Education Act (IDEA)*, the term "child with disability" means a child: "with mental challenges, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and who, by reason thereof, needs special education and related services.

Consent for Medical Care

I give permission that, in my absence, my child may receive emergency medical care, including medical transportation, for injuries and all situations that should occur while participating in Saint Mary Catholic School Beyond the Bell program and activities at Saint Mary Parish if an authorized person cannot be reached immediately. A copy of this form will be transferred with your child to the hospital.

I wish the following doctors to be notified:

Name _____ Phone Number _____

Name _____ Phone Number _____

Signed (Parent/Legal Guardian) _____ **Date** _____