



Santo Niño Regional Catholic School

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After School Program 2020

Student's Information

First name: _____ Last name: _____ MI _____

Birth Date: _____ Age: _____ Grade level: _____ Gender: Male ___ Female ___

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Parent/Guardian Information

Mothers/Guardian Name: _____

Fathers/Guardian Name: _____

Cell # _____ other # _____

Cell # _____ other # _____

Employer: _____

Employer: _____

Work # _____

Work # _____

Is parent allowed to pick up student: Yes ___ No ___

Is parent allowed to pick student: Yes ___ No ___

Does child reside with both parents? Yes ___ No ___

Any court orders? (custody, restraining orders, etc.) Yes ___ No ___

IF YES, please submit a copy of the court order to the program. All court orders will be enforced.

Student's medical information

Are there any medical reasons to restrict your child's activities? Yes ___ No ___

IF YES, Reason: _____

Does your child have any known allergies? (food, drug, etc.) Yes ___ No ___

IF YES, list: _____

You will need a medical order if your child carries an emergency medication.

Are there any behavioral issues/concerns to be aware of? Yes ___ No ___

IF YES, List: _____

Does your child take any daily medication? (Adderall, etc.) Yes ___ No ___

You will need a medical order for your child to take medication at camp

Preferred Hospital: _____ Phone # _____

Physician Name: _____ Phone # _____

Please provide a copy of your child's insurance information.

Emergency Contact Information: Emergency Number Are Mandatory

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

Alternative Pick up:

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

Any changes must be in writing and given to the Program Director, emergency changes you must contact the Program Director at 505-577-2024.

Please check the session(s) your child will attend.

Full Time (4 to 5 days) **Part Time (1 to 3 days)**

- Full payment must be received before the first day of care.
- No credit is given for absences.
- Only an authorized individual may sign your child in and out
- Medication can only be given if it is in the original prescription bottle and accompanied by written instructions and authorization from a parent/guardian and doctor.
- Games, electronic toys, etc. are not allowed to be brought to Santo Nino and will be confiscated to be returned at the end of the school year.
- Cell Phones must be turned in to the person in charge of aftercare and may be taken at the time of pick up.

***I understand that I must fill out a Change/Withdrawal Form in order to change my contract. We are responsible for all charges to our account, if the paper work is not submitted correctly. Please see the Facilitator of the program, or front office personnel.**

Authorization

I, _____, authorize Santo Nino to seek medical treatment and transportation for my child in case of a medical emergency. In case of medical emergency, 911 will be called and child will be transported to the nearest hospital, accompanied by a staff member.

My child can be photographed _____

No my child cannot be photographed _____

My signature below indicates that I as the parent/guardian confirm that all information above is correct and true. And all payments will be paid on time.

Parent/Guardian signature: _____ Date: _____

Official use only

Part Time ___ Full Time _____

Medical Paperwork: Yes__ No__ Medical issue _____

Court order: Yes__ No__ IF YES, Is it on file? Yes__ No__ Childs group level _____