Faith • Knowledge • Virtue
St. JOSEPH CATHOLIC SCHOOL

ST. JOSEPH EXTENDED CARE PROGRAM
CHILD ENROLLMENT & AUTHORIZATION

CHILD'S INFORMATION		
Child's Name:		
Date of Birth:	Date Entered Care:	Age at Entry:
Child's Nickname:		
Child's Name:		
Date of Birth:	Date Entered Care:	Age at Entry:
Child's Nickname:		
Child's Name:		
Date of Birth:	Date Entered Care:	Age at Entry:
Child's Nickname:		

PARENT OR GUARDIAN INFORMATION		
Mother's Name (first, last):		
Home Address:	City:	Zip:
Home Phone:	Cell Phone:	Email:
Employer:		
Work Phone:		
Work Address:	City:	Zip:
Father's Name (first, last):		
Home Address:	City:	Zip:
Home Phone:	Cell Phone:	Email:
Employer:		
Work Phone:		
Work Address:	City:	Zip:

REQUIRED **EMERGENCY** CONTACT (PERSON OTHER THAN PARENT OR GUARDIAN WHO IS AUTHORIZED TO PICK UP CHILD)	
Name (first, last):	
Phone:	Relationship:
Name (first, last):	
Phone:	Relationship:
Name (first, last):	
Phone:	Relationship:

NON-EMERGENCY CONTACT INFORMATION (PERSON OTHER THAN PARENT OR GUARDIAN WHO IS AUTHORIZED TO PICK UP CHILD)	
Name (first, last):	
Phone:	Relationship:
Name (first, last):	
Phone:	Relationship:
Name (first, last):	
Phone:	Relationship:

Revised 7/26/16

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CHILD ENROLLMENT & AUTHORIZATION

ENROLLMENT & AUTHORIZATION INFORMATION CONTINUED

NON-EMERGENCY CONTACT INFORMATION-CONTINUED
(PERSON OTHER THAN PARENT OR GUARDIAN WHO IS AUTHORIZED TO PICK UP CHILD)

Name (first, last):	
Phone:	Relationship:
Name (first, last):	
Phone:	Relationship:

MEDICAL & DENTAL CONTACT INFORMATION

Health Insurance Provider:	Policy #:
Primary Physician's Name:	Phone:
Dental Insurance Provider:	Policy #:
Dentist's Name:	Phone:

PARENT/GUARDIAN AUTHORIZATION

In an emergency, St. Joseph Extended Care Program has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. [In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.]

Parent/Guardian Signature:	Date:

ADDITIONAL CHILD INFORMATION

Has your child/have your children been in child care before?
If yes, what type of care and for how long?
Reason for requesting care:
Please include the following information that will help us provide quality care for your child.
Child:
Likes and dislikes:
Eating habits:
Fears:
Special words & their meanings:
Child:
Likes and dislikes:
Eating habits:
Fears:
Special words & their meanings:
Child:
Likes and dislikes:
Eating habits:
Fears:

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ENROLLMENT & AUTHORIZATION INFORMATION CONTINUED

ADDITIONAL MEDICAL INFORMATION
Child:
Allergies or other health problems? If yes, please list and include instructions for providing the best possible care in regard to stated conditions.
Do any medical conditions restrict the child's activities?
Child:
Allergies or other health problems? If yes, please list and include instructions for providing the best possible care in regard to stated conditions.
Do any medical conditions restrict the child's activities?
Child:
Allergies or other health problems? If yes, please list and include instructions for providing the best possible care in regard to stated conditions.
Do any medical conditions restrict the child's activities?
Has your child/have your children had chickenpox? If yes, indicate which child.