

Holy Family EXTENDED CARE
 Enrollment and Authorization and Emergency Form
Form needs to be filled out completely

Name of Child _____ Date Entered Care _____
 Birthdate _____ Nickname _____ Age at Entry _____
 Allergies _____

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PARENT(S) OR GUARDIAN(S) CONTACT INFORMATION

Name _____ **Relationship** _____
 Home Address _____ Home Phone _____
 Employer/Worksite/Hours _____ Work Phone _____
 Cell and/or Pager Numbers _____

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EMERGENCY CONTACT INFORMATION

We always try to contact parents first. However, we are required to have an emergency contact OTHER THAN parents. These people must also be authorized to pick up your child from the facility. Please list all phone numbers appropriate:

Name _____ **Relationship** _____
 Phone Numbers _____

Name _____ **Relationship** _____
 Phone Numbers _____

Other people authorized to pick up your child(ren) from extended care:

Name _____ **Relationship** _____
Name _____ **Relationship** _____
Name _____ **Relationship** _____
Name _____ **Relationship** _____

Medical and Dental Contact Information:

Insurance Provider and Policy Information (if applicable) _____
 Primary Physician Name _____ Phone number _____
 Dentist Name _____ Phone number _____

Waiver for Medical Treatment

If emergency treatment is required, and the parents or legal guardians cannot be reached immediately, your signature in the space provided below empowers Holy Family School to exercise their own judgment in calling the physician indicated above or, if not available, to transport the child to a hospital emergency room. Likewise, your signature below is not sufficient for the release of confidential information protected by Federal Law.

Parent/Guardian Signature _____ date _____

General Information for Extended Care (please fill out one sheet for every child enrolled)

Name: _____

Has your child had previous experience in child care? ___yes, ___no. Type of care _____

Please give any information concerning your child which will assist us in providing the best care for your child:

Play: _____

Eating habits and schedule: _____

Sleeping habits and schedule: _____

Fears: _____

Likes and dislikes: _____

Health and Allergy Information

Has your child had chicken pox? _____yes _____no

What types of allergies or other health problems does your child have, and what do we need to know to provide the best possible care? Do these restrict your child's activities?

Please provide us with any other information that you feel would help to make extended care the most positive experience possible for your child.