

# FALCON'S NEST Registration Form

Fee Paid: \_\_\_\_\_

Please complete this form and return it to the Extended Care Director or the Office along with the \$50 Registration fee and \$25 SNACK FEE, and all other paperwork.

This form is vital to helping us provide fast, accurate and caring attention to your child in the event of an emergency. Please fill it out completely and in clear easy to read handwriting.

Please notify us immediately if anything changes throughout the year.

Parent(s) or Guardian(s) Info: Please Print

1. \_\_\_\_\_ 2. \_\_\_\_\_

Mothers Home Address: \_\_\_\_\_

Fathers Home Address: \_\_\_\_\_

Mothers	Fathers
Email:	Email:
Cell:	Cell:
Work:	Work:
Home:	Home:

Children's Info:

Name	Grade	B-Day	Allergies	Other
1.				
2.				
3.				

I authorize the persons listed below (over 18 years of age), other than parent or sibling, to pick up my child(ren) from Extended Care: Please list relationship (Aunt, CYO Coach, Family Friend, etc.)

Name (Please print clearly)	Phone	Relationship
1.		
2.		
3.		
4.		
5.		

IS THERE ANYONE WHO **MAY NOT** PICK UP YOUR CHILD(REN) YES / NO

Name (Please print clearly)	Phone	Relationship
1.		
2.		

Persons to be called 1<sup>st</sup> in an Emergency:

Name (Please print clearly)	Phone	Relationship
1.		
2.		

I have read and fully understand the rules and regulations of the Falcon's Nest Extended Care Program at St. Felicitas Catholic School.

Mother's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Diocese of Oakland  
Parent Permission Form**

**To the Principal of St. Felicitas School:**

I hereby request that my child \_\_\_\_\_ participate with Falcon's Nest Extended Care in walking field trips (to be announced in the blue parent letter).

Time and Date: Minimum School Days (weather permitting) – Leaving from school to walk to a local park to have lunch and play games. Returning to school at approximately 3:30 pm.

**Please pack a lunch and snack for your child on these days.**

**Consent for Treatment**

I agree to direct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of the field trip.

I understand that any expenses incurred for medical treatment of my child will be first submitted to my personal medical/dental insurance plans. Unpaid benefits can be submitted to Myers-Stevens as a secondary provider.

The Diocese of Oakland has been informed by the California Highway Patrol that it is not required to provide safety seats and booster seats for bus field trips.

(I), the undersigned parent or legal guardian of a minor, do hereby authorize a representative of St. Felicitas Catholic School as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provision of the California Medical Practice Act, on the medical staff of an accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to the part of the mentioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his or her best judgment may deem advisable.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone)