

<b>Journeys Childcare Registration Form 2020-2021 School Year</b>			Date:	
Child's Name:			Birthdate:	
Child's Name:			Birthdate:	
<b>Mother's Full Name</b>	Home Phone #	Cell phone #	Work/alternate #	
Address (Street, city, state and zip)				
Email Address:				
<b>Father's Full Name</b>	Home Phone #	Cell phone #	Work/alternate #	
Address (Street, city, state and zip)				
Email Address:				
<b>Circle the days your child(ren) will be attending:</b>				
<b>Monday:</b> AM PM <b>Tuesday:</b> AM PM <b>Wednesday:</b> AM PM <b>Thursday:</b> AM PM <b>Friday:</b> AM PM <b>Drop In (as needed):</b> AM PM				
<b>Other than you, who else has permission to pick up your child(ren)? = Emergency Contact</b>				
<b>Name:</b>		<b>Relation to child(ren):</b>		
<b>Home Phone #:</b>	<b>Cell Phone #</b>	<b>Work phone #</b>		
<b>Child's Health Information</b>				
Child's Health Care Provider:			Phone #	
Special Health problems? Specify:		Allergies? Specify:		
Medications?				
Child's Dentist Name		Phone #		
<b>Medical Insurance Information</b>				
Insurance Company Name:			Member/policy number:	
Policy Holder Name			Employer Name	
I give permission that my child(ren) may be given first aid/emergency treatment by any staff at Immaculate Conception School. In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by doctors or hospital. In an emergency, if you are unable to reach me, please call the emergency contact listed above.			<b>Parent/Guardian Signature</b>	
<b>Indemnity Agreement</b>				
I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify Immaculate Conception Church/School and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the Immaculate Conception Church/School/Archdiocese of St. Paul & Minneapolis by myself, my child or others that arise out of any behavior by my child at the event/activity described above. I also Agree to pay reasonable attorney fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit.			<b>Parent/Guardian Signature</b>	
<b>I acknowledge that I have received and agree to abide by these guidelines.</b>				
<b>Parent/Guardian Signature</b>			<b>Date</b>	