

ST. GREGORY'S E.K. BEFORE SCHOOL REGISTRATION FORM 2010-2011

Family Name _____ Date _____
Address _____
Telephone Number (home) _____ (work) _____ (cell) _____

Child(ren) Names Attending

Food Allergies/Limitations

Indicate your needs for Before School Care:

START DATE: _____

Days Attending:

Weekly Basis: Monday---Friday (7-9 am)

Arrival Time: _____

Daily Basis: M T W TH FR (7-9am)
(please circle days attending)

Arrival Time: _____

As Needed Basis: _____ (7-9 am)

Arrival Time: _____

If you are signing up for the "as needed" basis, you are **required** to let the office know the day **prior** as to your child's arrival time the next day.

The program staff will assume your child will be here on the days registered unless we are otherwise notified. If you must change days or arrival time, the office **MUST** be notified in **WRITING**. PLEASE NOTE: If you sign up for specific days, you will be charged weekly for those days even if your child does not attend that specific day.

Emergency Contact Person (other than parent, parent will always be first contact)

Name _____

Phone _____

Address _____

Cell/Pager _____

I authorize St. Gregory the Great E.K. Before School Program to seek the necessary medical care in case of an emergency.

(Name)

(Date)

Doctor's Name _____

Insurance Carrier _____

Phone Number _____

Identification Number _____

Is there any other pertinent information in regards to your child that the Before School Program personnel should be aware of?

St. Gregory's School Emergency/Medical Awareness Card will be on file with the before school program personnel.