

2017-2016
St. Sylvester School
EXTENDED DAY PROGRAM
Application and Emergency Information

Date of Application: _____

Child's Name: _____ Birth Date: _____

Mother/Legal Guardian's Information Father/Legal Guardian's Information

Name: _____

Name: _____

Home Address: _____

Home Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Employer Name: _____

Employer Name: _____

Employer Address: _____

Employer Address: _____

Work Phone: _____

Work Phone: _____

Person(s) to be contacted in an emergency if parents/guardians are unavailable:

Name: _____

Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Relationship: _____

Relationship: _____

Person(s) to whom child may be released:

Name: _____

Name: _____

Address: _____

Address: _____

Home Number: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Relationship: _____

Relationship: _____

Name of child's physician or source of medical care:

Name: _____

Phone Number: _____

Address: _____

Special disability of child, if any:

Any special medical or dietary information necessary for management in an emergency situation - allergies (including medication reactions), medications, special conditions:

Any additional information on special needs of the child:

Health insurance coverage for child under family insurance policy or medical assistance benefits, if applicable: _____

Policy or medical assistance number (required): _____

Please read the instructions below and complete as items apply.

Parent/Guardian's signature required for *each* item below to indicate parental consent. Items *not* signed indicate that you *do not* want the treatment or activity for your child:

Obtaining emergency medical care: _____

Date: _____

Administration of minor first-aid procedures: _____

Date: _____

Outdoor activities (weather permitting): _____

Date: _____

Signature of Parent or Guardian: _____

Date: _____

Please Note: Should your home address, home phone, employer, emergency contact and/or pickup persons change *at any time*, please inform us in writing so that we may keep this information current.