

**ST. ANSELM SCHOOL EXTENDED CARE PROGRAM  
REGISTRATION FORM**

Family's Last Name \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

In the event that I am unable to pick up my children, I give my permission to the following individuals to pick them up:

- 1) \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_
- 2) \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

If parents are not available, please provide the name and phone # of an emergency contact person:

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

**Emergency Medical Data**

In the event reasonable attempts to contact me at \_\_\_\_\_ (phone #) or (other parent/guardian) \_\_\_\_\_ at \_\_\_\_\_ (phone #) have been unsuccessful, I hereby give my consent for: The administration of any treatment deemed necessary by Dr. \_\_\_\_\_ Phone # \_\_\_\_\_ (preferred physician) or Dr. \_\_\_\_\_ Phone # \_\_\_\_\_ (preferred dentist) or in the event this designated practitioner is not available, by another licensed physician or dentist, and the transfer of my child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible. **Family Insurance Data:** (Company Name) \_\_\_\_\_ Policy # \_\_\_\_\_ Insurance Company Phone # \_\_\_\_\_

Facts concerning the child's medical history including allergies, medication being taken, and any physical impairment to which a physician should be alerted: \_\_\_\_\_

I do hereby give permission for my child to participate in the Extended Care Program and activities. I understand that no liability is assumed by St. Anselm Church or School or other program sponsors or staff.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Please include your \$25 non-refundable registration fee. Make checks payable to St. Anselm School.**