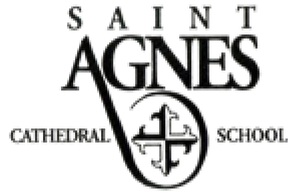



REGISTRATION FORM

Child's Name:__________________________________ Grade in September :_________________

**Program days requested (circle):** Monday Tuesday Wednesday Thursday Friday

Parent's Name:_________________________________ Home Phone:________________________

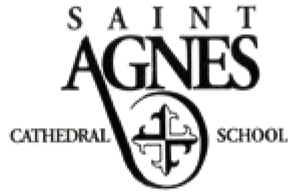
Address: ______________________________________ Work Phone: _______________________

Emergency Contact Name:____________________________ Phone: ________________________

Special questions/comments/concerns:__________________________________________________

_______$35.00 registration fee enclosed.

_______I am interested in the St. Agnes Aftercare Program, but am not ready to register at this time.




ST. AGNES CARES EMERGENCY CONTACTS

Please complete this form to enable us to care for your child in an emergency situation. It is your responsibility to advise us of any changes IMMEDIATELY. Your child's health and safety are foremost in our minds, but we need and expect your full cooperation.

Child's/Children's
Name(s):___________________________________________________________________

___________________________________________________________________________

Address:___________________________________________________________________

Mother's Name:______________________________________________________________

Home Phone No.______________________________________________________________

Work Phone No.______________________________________________________________

Cell Phone No.______________________________________________________________

Father's Name:______________________________________________________________

Home Phone No.______________________________________________________________

Work Phone No.______________________________________________________________

Cell Phone No.______________________________________________________________

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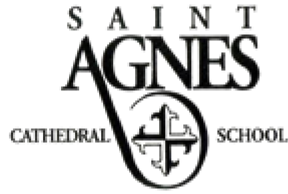



ST. AGNES CARES EMERGENCY CONTACTS CONTINUED

Please list two emergency contacts in case we are not able to reach you. These individuals should be able to drive and pick up your child within 15 minutes of notice from our office. Do NOT list anyone in (212) and (718) area codes.

Name:_______________________________________________________________

Phone No.____________________________________________________________

Name:_______________________________________________________________

Phone No.____________________________________________________________

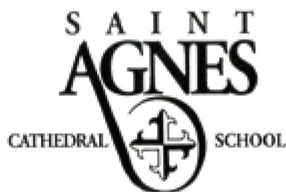
If you wish, please list the name of a family either in the St. Agnes Cares Program or a St. Agnes School family (who you have already spoken to) who has your permission to pick up your child in case of cancellation or early dismissal of the St. Agnes Cares Program.

Family Name:__________________________________________________________

Phone No.____________________________________________________________

_____________________________________________________________________
Parent's Signature

_____________________________________________________________________
Date




AUTHORIZATION CONSENTING TO MEDICAL TREATMENT FOR MINOR CHILD

I, ________________________________________________, the parent/guardian of _______

_____________________________________, a minor child who was born on ____________

and resides at _____________________________________________ in the county of Nassau in the State of New York, authorize an adult at the St. Agnes Cares Program to seek emergency treatment for my child. Such treatment includes, but is not limited to, examination, x-rays, laboratory tests, medical and surgical treatment, use of medication, anesthetics, sutures, and admission for hospital care, should this be necessary, when efforts to contact me are unsuccessful. It is understood that such care will be given upon the advice of a duly licensed physician or surgeon.

My family doctor is______________________________. Phone________________________

I authorize that you may call him/her in case of an emergency. Any physician acting in his/her place should be advised that my child has the following allergies:________________________

____________________________________________________________________________

____________________________________________________________________________

Sworn to before me this __________ day of ____________, 201____

____________________________
Notary Public

______________________________________________________________
Signature of Parent/Guardian