



Office Use Only:	
Enrollment Date:	_____
Reg. Fee:	_____

Our Lady of Grace Extended Care 2016 - 2017 Enrollment Application

Director: Mrs. Sharon Hierlmaier (612) 240-3514

Student Name _____
Last
First
Middle Initial

Address of Student _____

Birth Date _____
 Current Grade _____

Phone Number _____

Email address _____

Mother's Name _____

Address _____

Phone Number _____

Cell # _____

Mother's Place of Work _____
Firm Name
Address
Phone

Father's Name _____

Address _____

Phone Number _____

Father's Place of Work _____
Firm Name
Address
Phone

Hours Mother Works _____
 Hours Father Works _____

Child's Arrival Time _____
 Child's Departure Time _____

Child Lives With: Mother _____ Father _____ Other _____

Person responsible for Tuition: _____

Names and ages of brothers, sisters or other children living in the home:

Other pertinent family information you wish to share with us:

Please give a brief health care summary of your child (any health problems your child may have, such as allergies, physical or mental handicaps, special diet, etc.)

In case of emergency or illness, I authorize the following person to act on my behalf if I cannot be reached:

Name: _____

Address _____

Home Phone _____ Work Phone _____

Name: _____

Address _____

Home Phone _____ Work Phone _____

Child's Doctor _____

Address _____

Phone _____

Child's Dentist _____

Address _____

Phone # _____

As legal guardian for my child(ren) _____ I do hereby consent and authorize the Our Lady of Grace Extended Care to take any and all action including use of medical services and hospital facilities as the program may deem appropriate in the event that my child(ren) should become ill or otherwise injured while under care of the Our Lady of Grace Extended Care.

Signature of parent/guardian

Date

In the event of accidental poison ingestion, I understand that the Our Lady of Grace Extended Care staff will contact Poison control or a physician. I give my permission for the staff to administer syrup of Ipecac to my child(ren) if directed to do so by the authorities at the Poison Control Center or a physician.

Signature of parent/ guardian

Date

I give my permission to Our Lady of Grace Extended Care to take my child on supervised walking excursions.

Signature of parent/ guardian

Date

I give permission to Our Lady of Grace Extended Care to take my child on supervised excursions where transportation is provided.

Signature of parent/guardian

Date

I give permission to Our Lady of Grace Extended Care to take photographs of my child and use them in publicity if they so desire.

Signature of parent/guardian

Date

Persons AUTHORIZED to take child(ren) from Our Lady of Grace Extended Care:

1. _____
Name

Address

_____ Relationship to Child _____ Phone

2. _____
Name

Address

_____ Relationship to Child _____ Phone

Persons NOT AUTHORIZED to take child(ren) from Our Lady of Grace:

1. _____
Name Address

2. _____
Name Address

TERMS OF APPLICATION:

The registration fee of \$30.00 per family must accompany each application for enrollment, before it can be processed. The registration fee is not refundable unless the application is not accepted; there is no refund for holiday or illness. Two week's written notice is required prior to withdrawal.

I understand and agree to the above terms.

Parent/ Guardian



Our Lady of Grace Extended Care 2016-2017 Registration Agreement

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Schedule:

Please indicate which days your child will attend Extended Care.

Note: You will be billed according to this schedule.

Changes must be communicated in writing with at least 2 weeks' notice.

Before School Care: M T W TH F

After School Care: M T W TH F

Registration Information:

Child's Name: _____

Birth Date: _____ Grade Entering (Fall): _____

Mother's Name: _____

Father's Name: _____

Address: _____

Daytime Contact Number: _____ Cell: _____

Email Address: _____

Signature:

My signature below indicates that I have read the statements above and agree to comply with them.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____