Office Use Only:
Enrollment Date: _________
Reg. Fee of $50.00 is done through Smart Tuition

Our Lady of Grace Extended Care
2018 - 2019 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 facilitates 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 $50.00 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
2018-2019 Registration Agreement

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

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: _____________