

**2018-2019 Snow Day Care Registration Form**

Student's name: \_\_\_\_\_

Parent's names: \_\_\_\_\_

Student's grade level: \_\_\_\_\_

Student's date of birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent's e-mail address: \_\_\_\_\_

Mother's Work/Cell Phone: \_\_\_\_\_

Father's Work/Cell Phone: \_\_\_\_\_

**Persons to contact in case of emergency (other than parents):**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**Authorization for persons other than parent to pick up your child from Snow Day Care:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Any other medical situation needed to be known by staff (i.e. seizures, asthma attacks, food or other allergies, etc.)

\_\_\_\_\_

\_\_\_\_\_

My child will attend Snow Day Care:

Always       Drop in

My child is in good health. I have noted all activity restrictions and food allergies my child has. My child's immunizations are up-to-date. I have supplied Bishop Kelley Catholic School with a copy of my child's immunization record or the appropriate waiver.

**Parent's Signature:** \_\_\_\_\_