



St. Cecilia's Daycare/Aftercare Registration Form

Please complete both sides. Return to the school office with the \$25 registration fee.

General Information:

Name of child: _____ Age/Grade: _____

Date of Birth: _____ Sex: _____

Allergies or medical needs:

Mother's Name: _____ Father's Name: _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Employer's Name _____ Employer's Name _____

Work Phone _____ Work Phone _____

Emergency Contact Person: _____ Phone _____
(Other than above)

Child's Doctor: _____ Phone _____

Do we have permission to send your child to the hospital should that be necessary? **Yes No**

If yes, which hospital? _____

Days Needed: ___Monday ___Tuesday ___Wednesday ___Thursday ___Friday

Description of Child Care Schedule (Ex. Monday's all day, Wednesday 7-12pm)

EMERGENCY CONTACTS

If a parent cannot be reached, the emergency contact (front of this form) and those listed below will be used to pick your child up from school and/or contact for an illness, emergency, or early dismissal.

If school is dismissed earlier than normal for an emergency (snow or other) the daycare/aftercare will be available for one hour after the school closing time while all students are picked up. Please note that we *cannot* release your child to anyone that is not listed on this emergency contact list. Please indicate below all who are allowed to pick up your child.

_____ at: _____ or _____
Name Phone Phone

_____ at: _____ or _____
Name Phone Phone

_____ at: _____ or _____
Name Phone Phone

_____ at: _____ or _____
Name Phone Phone

_____ at: _____ or _____
Name Phone Phone

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____