

# After-School Care

This must be filled out completely!

Child's Name: \_\_\_\_\_  
*First Middle Initial Last*

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*Street City State Zip*

Home Phone: (\_\_\_\_) \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## Emergency Information

In case of an emergency, parents will be notified immediately. If neither parent can be reached, please call:

① Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

② Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

## Authorized Pick-Up

**We will NOT release your child to anyone without authorization from a parent or guardian!**

The following individuals have my authorization to pick up \_\_\_\_\_  
from The Early Childhood Learning Center: *Child's name*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following individuals are specifically DENIED permission to pick up my child:

\_\_\_\_\_  
\_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Emergency Medical Authorization**

In case of an accident or serious illness, I request St. Bernard Early Childhood Learning Center to contact me. If I cannot be reached, I hereby authorize St. Bernard Early Childhood Learning Center to make whatever arrangements the circumstances allow.

It is understood and agreed that St. Bernard Early Childhood Learning Center, St. Bernard School, the teachers, nor the Catholic Diocese of Evansville is the insurer of my children's health and safety while they are at school or engaged in school-supervised activities. I understand it to be my obligation to provide such insurance as I may desire to purchase to protect myself and my children against the costs of sickness or injury.

If the above named child(ren) need emergency medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

\_\_\_\_\_  
*Mother or Guardian's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Father or Guardian's signature*

\_\_\_\_\_  
*Date*

Child's **Physician:** \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Child's **Dentist:** \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Child's Medical Allergies: \_\_\_\_\_

## **Registered Ministry Parent Notice**

I understand that St. Bernard Early Childhood Learning Center daycare ministry is not licensed under the laws of Indiana. However, I understand that this daycare ministry complies with the State rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the daycare ministry.

This notice does not absolve the daycare ministry from liability for injury to a child while the child is at the daycare ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the daycare ministry or an employee of the daycare ministry.

Name of child enrolled: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_