

St. Catherine Labouré School

EXTENDED CARE REGISTRATION 2022-2023

For office use only

Hours: 7:00am – 7:50am
2:30pm – 6:00pm

Fee paid: _____

Registration Fee: \$100

Fee per child: \$6.00/hour

Late Pick-Up Fee: \$30.00

Emergencies involving children may arise at any time. It is extremely important that the school has the following information for **EACH FAMILY**. It may mean the difference between life and death if an emergency or accident should occur. This information will be kept on file in the office. Notify the school immediately if any of these phone numbers change.

PLEASE PRINT

IMPORTANT: Emergency numbers need to be current! Call the office if numbers change.

Family Name:			
Home Address:			
Mother's Name:		Mother's Cell	
Father's Name:		Father's Cell	

Students Name	Birthdate	Grade	Allergy, Chronic Illness, Etc.

Relative or neighbor to call in emergency:

Name	Telephone #

If an accident occurs, I give permission for **FIRST AID** to be administered. YES NO

In case of serious accident, the Glenview Paramedics will be called immediately to administer first aid and to evaluate the condition of the child, and the parents will be contacted. If hospitalization is required and if parents cannot be reached, the child will be transported by the paramedics to Glenbrook Hospital to save time until the parents are located. If the child's condition is serious, he/she will be taken to the most medically appropriate hospital.

As a parent and/or legal guardian I authorize the treatment of the minors listed on this form by a qualified and licensed medical doctor in the event of a medical emergency, which in the opinion of the attending physician may endanger his/her life, cause physical liability or undue discomfort if delayed. This consent is granted only after a reasonable effort has been made to reach me.

Morning before school Each afternoon after school To be determined weekly
 Occasionally before school Occasionally after school Other

Person(s) who will ordinarily pick up child(ren).
 Name _____ Phone # _____
 Name _____ Phone # _____

Parent Signature _____ Date _____