

## St. Catherine Labouré School

# EXTENDED CARE REGISTRATION 2023-2024

For office use only	Hours: 7:00am – 7:50am 2:30pm – 6:00pm
Fee paid: _____	
<b>Registration Fee: \$100</b>	<b>Fee per child: \$6.00/hour</b>
	<b>Late Pick-Up Fee: \$30.00</b>

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.**

<b>Family Name:</b>			
<b>Home Address:</b>			
<b>Mother's Name:</b>		<b>Mother's Cell:</b>	
<b>Father's Name:</b>		<b>Father's Cell:</b>	

Student's Name	Birth Date	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 a 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 after a reasonable effort has been made to reach me.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Morning before school      | <input type="checkbox"/> Each afternoon after school | <input type="checkbox"/> To be determined weekly |
| <input type="checkbox"/> Occasionally before school | <input type="checkbox"/> Occasionally after school   | <input type="checkbox"/> Other                   |

**Person(s) who will ordinarily pick up child(ren).**

Name _____	Phone # _____
Name _____	Phone # _____
Parent Signature _____	Date _____