

Holy Redeemer Catholic School 2015-2016
Pre-K and Beyond the Classroom Enrollment and Authorization

Student's Last Name _____ Date of Birth _____
Family's Last Name _____ Start Date _____ Grade _____

PLEASE COMPLETE BOTH SIDES OF THE FORM FOR EACH CHILD

Name of Child _____ Age _____

Parent(s) or Guardian(s) Contact Information

Name _____ Relationship _____

Home address _____ Home Phone _____

Employer/worksite/hours _____ Work Phone _____

Cell and/or pager number _____ email _____

Name _____ Relationship _____

Home address _____ Home Phone _____

Employer/worksite/hours _____ Work Phone _____

Cell and/or pager number _____ email _____

We will always try to contact parents first. However, we are **required** to have emergency contact **other than** parents. These people are authorized to pick up your child from the facility. Please list all appropriate numbers.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Other people authorized to pick up your child in non-emergency situations:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Medical Provider _____ Phone _____

Insurance Company _____ Group/Health# _____

Dentist _____ Phone _____

Does your child have any health concerns: (list below)

My Signature gives permission for the following:

In an emergency, the child care facility has my permission to call an ambulance to take my child to any available physician of hospital at my expense and to obtain medical treatment for my child. In most emergencies, 911 is called and child is transported to nearest hospital and seen by Dr. on call. (Parents are notified as soon as possible).

Any form of medication, including over the counter medications and ointments, must be accompanied by an Authorization for Medication form with parent/guardian signature

Parent /Guardian Signature _____ Date _____