Family Emergency Information
Daycare

Please Print **School Year: 2016-2017**

Father Information

Not living with you
(Circle if true)

Full Name: _____
First Last

Current Address_____
Street City State Zip

Social Security Number: _____ Email Address_____

Home Phone_____ Work Phone_____

Cell Phone_____ Fax #_____

Religion_____ Occupation_____

Name of Employer or Business_____

Business Address_____

Mother Information

Not living with you
(Circle if true)

Full Name: _____**Maiden Name**_____
First Last

Current Address_____
Street City State Zip

Social Security Number: _____ Email Address_____

Home Phone_____ Work Phone_____

Cell Phone_____ Fax #_____

Religion_____ Occupation_____

Name of Employer or Business_____

Business Address_____

Parent/Guardian Information

____Married _____Married, but Separated _____Divorced _____Other

Child resides with:

____Both _____Father _____Mother _____Other

Who has legal custody?

____Both _____Father _____Mother _____Other

Are there visitation or court restriction? _____No ____Yes If yes, it is important to provide documents to the Daycare director.

Name of Person(s) responsible for paying daycare fees and tuition:

_____ _____

Children in Sacred Heart School Daycare Program:

Name_____ Grade_____

Name_____ Grade_____

Name_____ Grade_____

In case of accident or illness when parents cannot be reached:

(a)Do you authorize the school/daycare to act if medical services seem necessary? Yes_____ No_____

(b) Do you authorize the school/daycare to call for medical transportation if necessary? Yes____ No____

(c) If your child has a medical condition the school/daycare should know about, please explain.

Allergies/Additional Information: _____

_____

All medications taken during school/daycare hours requires an "Authorization for Medication Administration" to be filled out by the parent/guardian

(a) Please list names of nearest relative or near neighbor to whom your child may be sent if parents cannot be reached:

Name:_____ Phone:_____

Name: _____ Phone: _____

Name: _____ Phone: _____

Doctor's name & phone #_____

Dentist's name & Phone #_____

Insurance Company: _____ Policy Number:_____

Name/Names: _____

Your student(s) Name(s)

- My children have permission to participate in school/daycare sponsored field trips during the current academic year by walking, bus, or private motor vehicle: under required supervision. Notice will be given.
- Sacred Heart School uses many different forms of media for exposure. Your child could be used as part of this exposure. Should you *not* want your child photographed, interviewed or videotaped, please notify the school in writing.

Parents Signature_____Date_____

Please fill out completely

Non-Emergency Pick-up

Additional Names of Person's who have permission to pick-up your child from school:
(If the same as above you do not need to fill this part out)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Comments about your child:

PLEASE MAKE SURE FORMS ARE COMPLETELY FILLED OUT AND SIGNED AND DATED BEFORE TURNING IN.

Registration Forms due:

Family Emergency Forms

Schedule A Form

Voided Check

Fees

<u>If fees are not included they will be auto deducted on your first schedule withdrawal</u>

Signature of Parent: _____ Date: _____