

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: _____

Permission to apply Sunscreen on your child Yes _____ No _____

**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)

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- My children have permission to participate in school/daycare sponsored field trips during the current academic year by walking, bus: 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.

• **By signing this contract you agree to the terms and conditions stated.**

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

**If fees are not included they will be auto deducted on your
first schedule withdrawal without further notice.**

By signing this contract you agree to the terms and conditions stated.

Signature of Parent: _____ Date: _____