



**AVE
MARIA**
CATHOLIC SCHOOL

**EXTENDED DAY
BEFORE AND AFTER SCHOOL PROGRAM
Registration Forms 2016-2017**

Family Name _____ Date _____
(If student(s) name is different from the family name, please list her/his last name first and then the family name)

Address _____ City _____ Zip _____

Subdivision _____ Home Phone _____

Email _____

Student(s) lives with: ___ Father ___ Mother ___ Stepfather ___ Stepmother ___ Guardian
Other

Father's Information	Mother's Information
Name _____	Name _____
Address _____ _____	Address _____ _____
Employer _____	Employer _____
Position _____	Position _____
Business Address _____ _____	Business Address _____ _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
E-Mail _____	E-Mail _____
Parish/Church _____	Parish/Church _____

Child(ren) registering for school at Ave Maria Extended Day

Name	Grade	Date of Birth	Gender (M/F)

Other Persons to Whom Ave Maria Extended Day is *Authorized to Release a Child*: We will only release the child to adults (s) for whom written authorization has been given, which is maintained in the child's Extended Day file.

Name _____ **Relationship** _____

Address _____ **Phone** _____ **Cell** _____

Name _____ **Relationship** _____

Address _____ **Phone** _____ **Cell** _____

Name _____ **Relationship** _____

Address _____ **Phone** _____ **Cell** _____

- Please list names of anyone who should **NOT** pick up your child from Extended Day. Please provide Extended Day with original court stamped custody papers or restraining orders.

Name _____ **Relationship** _____

**AVE MARIA CATHOLIC SCHOOL
 MEDICAL/SURGICAL RELEASE AND TREATMENT
 EMERGENCY CONTACT INFORMATION**

FAMILY NAME _____ DATE _____

ADDRESS _____

<u>CHILD'S NAME</u>	<u>GRADE</u>	<u>AGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, as a parent or guardian of the above mentioned minor child(ren), hereby give my consent to emergency medical, surgical, or dental treatment in the event of an accident, injury, sickness, or other event of an emergency nature which would require immediate treatment of the above stated child(ren). I understand that Ave Maria School will notify me as soon as possible of its actions with regard to such treatment, and that Ave Maria School will attempt to reach me prior to such treatment if circumstances permit.

I hereby release Ave Maria School and it's employees, including faculty, staff, volunteer staff, and maintenance personnel, from any liability by reason of the exercise of emergency medical, surgical, or dental treatment of the above listed child(ren), pursuant to this release, except liability for bad faith in the exercise thereof.

I further understand that there is no limitation to the treatment that may be used, as long as it is within the standards of generally accepted medical, surgical, or dental practice, and I have listed hereunder any limitations thereto with respect to same concerning the above listed child(ren). *(Such as prohibitions to treatment, specific allergies, drugs, etc.)*

Please indicate who you would like us to contact FIRST in the event of an emergency:

___ Father ___ Mother

Father _____ Mother _____

Signature _____ Signature _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Medical Insurance Carrier _____

Insured Member _____

Policy Number _____

Group Number _____

HOSPITAL PREFERENCE (please check one)

_____ Parker Adventist: 9395 Crown Crest Blvd. Phone (303) 269-4000

_____ Sky Ridge Medical Center: 10101 Ridge Gate Pkwy. Phone (720) 225-1000

_____ Children's Hospital: 1056 E. 19th Ave. Phone (303) 861-8888

_____ Other _____ Address _____ Phone _____

Physician _____ Address _____ Phone _____

Dentist _____ Address _____ Phone _____

Orthodontist _____ Address _____ Phone _____

If unable to contact either parent or legal guardian, please contact, in order given below:

NAME

RELATIONSHIP

HOME PHONE _____

CELL PHONE _____

NAME

RELATIONSHIP

HOME PHONE _____

CELL PHONE _____

Ave Maria Extended Day General Authorization

By signing below, you have given your written permission for your child to be included in:

- ❖ **All program activities including the use of all indoor and outdoor equipment.**
- ❖ **Permission for any photograph of my child that exhibits the educational and Christian values of Ave Maria Extended Day to be used in the school or on the website. I understand that I may request the removal of any photograph at any time.**
- ❖ **Planned special education activities (provided that such activities will be separately announced to the parent or guardian 48 hours in advance of the activity).**
- ❖ **Water activities on Ave Maria Catholic School premises (no swimming activities).**
- ❖ **Watch occasional rated “G” videos related to the curriculum or age-appropriate TV.**
- ❖ **Permission for child’s written work or artwork to be displayed in the school or on the website. I understand that I may request the removal of any work at any time.**

CHILD(REN) NAME _____

MOTHER OR GUARDIAN _____ **Date** _____

FATHER OR GUARDIAN _____ **Date** _____

AVE MARIA CATHOLIC SCHOOL EXTENDED DAY PARENT AGREEMENT

- ❖ **I agree to supply all required registration and medical paperwork prior to my child attending Extended Day.**
- ❖ **I understand that the Registration Fee is non-refundable and due prior to my child attending Extended Day.**
- ❖ **I understand that all delinquent or past due tuition may result in my child being withdrawn from the Extended Day program. This tuition may be referred to a collection agency or an attorney for recovery. I certify that I have received, read and understand the information contained in the Parent Handbook and in this agreement. I agree to the financial terms and conditions listed on this page.**

Parent or Guardian Signature

_____ **Date** _____

SUNSCREEN PERMISSION SLIP

Name of Child(ren) _____

Your Extended Day teachers will assist with applying sunscreen to bare surfaces including the face, tops of ears and bare shoulders, arms, legs and feet before outdoor activities. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian. It is the parent's responsibility to provide sunscreen with a minimum of SPF of 15.

In the event that my child's sunscreen is not readily available, my child may use the sunscreen provided by the school.

I do not want my child to use any other sunscreen other than the one he or she brings.

ALLERGY AND MEDICAL INFORMATION

Please list below any allergy or serious medical conditions we should be made aware of with your children:

<u>Name</u>	<u>Allergies</u>	<u>Medical</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ My child/children have no allergies or serious medical conditions you should be made aware of at this time, but will inform you immediately if this changes.

Family Name _____

Parent/Guardian Signature _____ Date _____