

Our Lady of the Assumption Extension Registration

PERMISSION TO PARTICIPATE IN EXTENDED SCHOOL CARE PROGRAM

OUR LADY OF THE ASSUMPTION SCHOOL CARE PROGRAM FOR 2018-2019 SCHOOL YEAR.

1. CHILD'S NAME: _____ GRADE: ____ CHILD'S BIRTHDATE: __/__/____
2. REQUIREMENTS: The child named above is in good health and has no physical or medical limitations that would cause the Extended School Care program to be detrimental or dangerous to the child. Parents/guardians should specify allergies and medical problems in section 6 below.
3. CONSENT: I/We hereby consent to the above-named child's participation in the Extended School care program described above, and specifically request that he/she be allowed to participate in the activities of the program. I/We warrant that I/We have full authority to legally consent to his/her participation in the program and all provisions contained herein.
4. EMERGENCIES: If the above-named child requires any emergency medical procedures or treatments during the activities, I/We consent to the program supervisor taking, arranging for or consenting to such procedures to treatments in the discretion of the programs supervisor(s). For purposes of such procedures and treatments, my/our child's blood type allergies or other medical problems (if any) are listed below:
Blood Type: _____ Allergies/Medical Problems: _____

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5. EMERGENCY CONTACTS: If, in the event of a medical or other emergency, I/WE am/are unable to be reached by telephone at the numbers listed below, I/We authorize he program supervisor(s) to attempt to contact me/us though the alternative emergency contacts listed below.

Parents/Guardians Contact Information:

Name: _____ Home Phone: _____ Alternate Phone: _____

Name: _____ Home Phone: _____ Alternate Phone: _____

Alternative Emergency Contact Information:

Name: _____ Home Phone: _____ Alternate Phone: _____

Name: _____ Home Phone: _____ Alternate Phone: _____

Name: _____ Home Phone: _____ Alternate Phone: _____

Name: _____ Home Phone: _____ Alternate Phone: _____

Name: _____ Home Phone: _____ Alernate Phonte: _____

Parent's signature: _____ **Date:** _____