

**St. Thomas Lutheran School
School Age Before/After School Care
(S.A.C.C)**

THIS REGISTRATION IS FOR:

_____ BEFORE SCHOOL CARE

CIRCLE DAYS TO ATTEND: M T W TH F

_____ AFTER SCHOOL CARE

CIRCLE DAYS TO ATTEND: M T W TH F

ENROLLMENT FEE OF \$60 MUST ACCOMPANY THIS FORM.

PLEASE COMPLETE EACH BLANK. WRITE N/A IF ITEM IS NOT APPLICABLE.

SCHOOL CHILD ATTENDS _____

DATE OF ADMISSION _____

GRADE _____

CHILD'S NAME _____

DATE OF BIRTH _____

ADDRESS _____

HOME PHONE _____

PARENT/GUARDIAN NAME _____

CELL PHONE _____

HOME ADDRESS _____

HOME PHONE _____

EMAIL ADDRESS _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____

**PLEASE CIRCLE WHICH PHONE NUMBERS SHOULD BE USED 1ST 2ND 3RD TO REACH YOU WHILE YOUR CHILD IS IN THE PROGRAM.
CELL 1 2 3 HOME 1 2 3 BUSINESS 1 2 3**

PARENT/GUARDIAN NAME _____

CELL PHONE _____

HOME ADDRESS _____

HOME PHONE _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____

**PLEASE CIRCLE WHICH PHONE NUMBERS SHOULD BE USED 1ST 2ND 3RD TO REACH YOU WHILE YOUR CHILD IS IN THE PROGRAM.
CELL 1 2 3 HOME 1 2 3 BUSINESS 1 2 3**

PLEASE LIST THREE AUTHORIZED PERSONS TO TAKE CHILD FROM THE PROGRAM IN THE EVENT OF AN EMERGENCY

NAME	NAME	NAME
HOME PHONE	HOME PHONE	HOME PHONE
CELL PHONE	CELL PHONE	CELL PHONE
WORK PHONE	WORK PHONE	WORK PHONE

PHYSICIAN:

DENTIST:

OTHER HEALTH CARE PROVIDER:

NAME	NAME	NAME
PHONE	PHONE	PHONE

PLEASE COMPLETE SIDE 2 ALSO

PERMISSION TO PROVIDE FIRST AID AND TRANSPORTATION TO AN EMERGENCY CARE FACILITY IF NEEDED

PARENT/GUARDIAN SIGNATURE _____

IF YOU DO NOT WANT YOUR CHILD TRANSPORTED TO AN EMERGENCY CARE FACILITY OR PROVIDED FIRST AID, DESCRIBE PROCEDURES TO FOLLOW _____

MEDICAL/HEALTH NEEDS:
ALLERGIES AND TREATMENT:
DIET RESTRICTIONS:
MEDICATIONS:
NOTE: A MEDICATION FORM MUST BE COMPLETED FOR EACH MEDICATION ADMINISTERED WHILE IN ATTENDANCE AT THE PROGRAM.

LIST OF PERSON(S) **NOT PERMITTED** TO PICK UP THIS CHILD (PLEASE PRINT) RESTRAINT PAPERS OR DIVORCE DECREE ATTACHED

	Yes	No
	Yes	No

TRANSPORTATION/ACTIVITY PLAN TO ALLOW A CHILD TO LEAVE THE PROGRAM FOR SPECIFIC ACTIVITIES:

DESTINATION/ACTIVITY: _____

ESTIMATED TIME OF DEPARTURE _____ ESTIMATED TIME OF RETURN _____

TIME PERIOD FOR WHICH THE AGREEMENT IS VALID _____

AUTHORIZED PERSON TO TAKE CHILD FROM PROGRAM _____

DESTINATION/ACTIVITY: _____

ESTIMATED TIME OF DEPARTURE _____ ESTIMATED TIME OF RETURN _____

TIME PERIOD FOR WHICH THE AGREEMENT IS VALID _____

AUTHORIZED PERSON TO TAKE CHILD FROM PROGRAM _____

DESTINATION/ACTIVITY: _____

ESTIMATED TIME OF DEPARTURE _____ ESTIMATED TIME OF RETURN _____

TIME PERIOD FOR WHICH THE AGREEMENT IS VALID _____

AUTHORIZED PERSON TO TAKE CHILD FROM PROGRAM _____

PARENT/GUARDIAN CONSENT (SIGNATURE) _____