



SAINT THERESA OF THE CHILD JESUS

Pre-Kindergarten and Up/Childcare Registration Form 2022/2023

Child's Name: _____ Age: _____ Grade: _____ Birthdate: _____

Mother's/Guardian's Name: _____ Home Phone: _____

Address: _____ Zip Code: _____

Best Email: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Father's/Guardian's Name: _____ Home Phone: _____

Address: _____ Zip Code: _____

Best Email: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

I give this Center permission to photograph my child engaged in Center activities to be displayed within the center or field trip. They also could be used for promotional items that may appear on the school website, printed materials handed out to perspective students, and internal marketing to parishioners and school families. Names will not be published of my child or any child used in any way for the above purposes.

EMERGENCY INFORMATION

I, _____ (Mother, Father or Guardian), of _____ (child's name) do hereby give my permission to St. Theresa Catholic Childcare to proceed with emergency medical, dental, or surgical care under this Center's supervision while I am unable to be reached. This may include the following steps:

1. Call an ambulance and have the child transported to the hospital listed below or nearest hospital.
2. Contact the child's physician or dentist for consultation listed below, or contact another physician or dentist for consultation if those listed below are unavailable.

I agree to pay all of the costs and fees associated with any emergency medical care or treatment for my child as secured or authorized under this consent.

Doctor/Clinic Name: _____ Phone: _____

Doctor/Clinic Address: _____

Hospital: (circle one) Broadlawns Lutheran Mercy West Lakes Mercy (downtown) Methodist West Methodist/Blank

Dentist Name: _____ Phone: _____

Dentist Address: _____

Medical Insurance Carrier: _____



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Allergies, medication or other conditions pertinent to emergency care:

If I am unreachable, please call:

These individuals may be contacted to transport the child and must be listed on the pick-up permission form as well.

Name: _____ Relation _____ Best Phone: _____

Name: _____ Relation _____ Best Phone: _____

Signature of Parent or Guardian

Date

TRAVEL AND PICK-UP PERMISSION

Child's Name: _____ Age: _____ Birthdate: _____

Please circle yes or no for the following:

Yes / No I hereby give my permission for my child to leave the Center for fieldtrips in a vehicle (bus) provided by the childcare or on foot. I understand that I will be notified in advance of any field trips outside the property lines of St. Theresa Catholic Childcare, and it will be my responsibility to notify the center if I do not wish for my child to attend an outing.

Yes / No I give my permission for my child to be transported to and from school in a bus provided by the center with appropriately licensed center staff.

Yes / No I hereby give my permission for my child to leave the center with the following person(s) named below. I understand that it is my responsibility as the parent to notify the center, in writing, of any changes.

Parents and/or legal guardians must be listed below in order to pick-up this child. Registered sexual offenders may not be approved to pick up any child.

Name

Relationship

Please explain any separation or custody issues of which we should be aware:

Name(s) of people who may NOT pick up this child:



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Signature of Parent of Guardian

Date

Please **circle** status of child in the program:

Part-Time (1-3 days/week--This option is for Kindergarten students and older)

_____ Before **and** After (\$63/WEEK)

_____ Before **or** After (\$52/WEEK)

Please circle which days you will utilize as part-time: M Tu Wed Th Fri

Full-Time (4/5 days/week--This option is for Kindergarten students and older)

_____ Before and After (\$77/WEEK)

_____ Before or After (\$60/WEEK)