

Father John V. Doyle After School Care Program

PARENT/GUARDIAN INFORMATION							
Father		Home		Work		Cell	
Name of Work Place				Hours of Work:			
Mother		Home		Work		Cell	
Name of Work Place				Hours of Work:			
Guardian		Home		Work		Cell	
Name of Work Place				Hours of Work:			
Student lives with (check all that apply): <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian							
Please note any special pick-up arrangements:							
<i>Should there be any legal matters regarding the pick-up of your child from the After-school program, please speak with Miss Lonergan or Ms. Cunningham. Proper legal documentation will be required when custody & visitation matters are involved.</i>							
STUDENT PICK UP							
<i>Please list people who you authorize to pick up your child(ren) from Fr. Doyle's after school program.</i>							
Name		Name					
Address		Address					
Home Phone		Home Phone					
Work Phone		Work Phone					
Cell Phone		Cell Phone					
Relationship to student:		Relationship to student:					
HEALTH INFORMATION							
<i>If registering more than one child, please note the name of the child for which any conditions below exist.</i>							
Physician		Phone					
Dentist		Phone					
Medication(s) being taken by student (please be as specific as possible):							
Physical conditions (allergies, disabilities, etc.):							
Is your child allergic to anything?							
Does your child use an Epi-pen? If so, where can it be found?							
<i>*Please note that the Nurse's & Secretary's offices are closed after school.</i>							
If I, my child's emergency contacts listed above, or the physician listed above, cannot be reached in an emergency, I authorize school employees or legal representatives to obtain emergency medical care for my child while under the school's care including transporting or sending my child to an available hospital or physician.							
Signature of Parent/Guardian						Date	