

FAMILY NAME: _____

**ST. MARY BEFORE-SCHOOL/AFTER-SCHOOL PROGRAM 2023-24
SIGN-UP AND EMERGENCY OR ILLNESS NOTIFICATION**

My child will attend : BS/AS (Circle)_____ Regularly on Monday, Tuesday, Wednesday, Thursday, Friday
(Please circle days)

BS/AS(Circle)_____ on a drop in basis (will call and notify)

Comments: _____

Names of persons allowed to pick up my child: _____

Student's Name(s) _____ Grade _____

Address _____ Phone _____

Father's Name _____ Employed by _____

Work Phone _____ Cell Phone _____

Mother's Name _____ Employed by _____

Work Phone _____ Cell Phone _____

Persons to be called if parents are unable to be reached:

Name Relationship Phone

Name Relationship Phone

Unusual health conditions:

Diabetes _____ Heart _____ Convulsive seizures _____ Allergies _____ other _____

If any of the above are checked please detail below, including child's name:

Authorization:

If emergency treatment is required and the parent cannot be reached immediately, may the school authorities use their judgment in calling the physician, or if not available, an alternate physician? Yes _____ No _____
If "No" what do parents want done?

Physician to be notified _____ Phone _____

Dentist to be notified _____ Phone _____

Parent's signature: _____ Date _____

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