

Xavier Elementary & Xavier Middle School

Care Program Registration 2017-2018

Before/After Care

Extended Day Care

XMS After Care

circle all CARE programs needed

Family Last Name			School(s)			
Child's First Name		Grade	Male	Female	Birthday	
Eye Color		Hair Color				
Allergy/Medical concern:						
Child's First Name		Grade	Male	Female	Birthday	
Eye Color		Hair Color				
Allergy/Medical concern:						
Child's First Name		Grade	Male	Female	Birthday	
Eye Color		Hair Color				
Allergy/Medical concern:						
Parent/Guardian Information						
Mother's Name			Father's Name			
Address			Address			
City	State	Zip	City	State	Zip	
Phone: h:	w:	c:	Phone: h:	w:	c:	
<i>Please fill in all numbers; "same" is not acceptable</i>			<i>Please fill in all numbers; "same" is not acceptable</i>			
Email:			Email:			
Child lives with: Both Mother Father 50/50 Guardian						
Medical/Insurance Information						
Physician:		Phone:				
Dentist:		Phone:				
Insurance Company:		Policy Number:				
Emergency Contacts						
Name:		Phone:		Cell:		
Name:		Phone:		Cell:		
Name:		Phone:		Cell:		
Authorized for Pick Up						
Name:		Phone:		Cell:		
Name:		Phone:		Cell:		
Name:		Phone:		Cell:		
<p>The above information is correct and the child(ren) listed have permission to engage in all activities noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the Xavier Catholic Schools Care Program Coordinator or his/her designee to secure emergency medical services including transportation and a physician. I also give permission to the attending physician to order injection, anesthesia, or surgery for my child(ren) named above in the case of an emergency and I cannot be reached. I release from medical responsibility and liability the hospital, medical authorities, physicians and St. Francis Xavier Catholic Schools (XCS) Care Program staff for performing medical procedures acting on my authority of this medical treatment consent form which are deemed necessary for my child(ren). Furthermore, I release XCS Care Program staff from liability of any injuries that may occur.</p>						
Signature of Parent/Guardian				Date		