

No money is needed to enroll in Extended Care. A \$15 fee per family will be billed the first time you use Extended Care.

20 -20

OLPH School Extended Care
Student Enrollment Record

ATTENDANCE: M T W Th F No. of hrs. Each day Occasional

CHILD'S NAME: Last First Date of Birth Grade

Child's Address City zip code

Parent's Marital Status: Married Divorced Widow Other

Mother's/Guardian Name Home Phone

Cell Phone number Other phone number

Date of Birth: State Driver's License No:

Employed by: Phone

Address: City zip code

Home Address: City zip code

Father's/Guardian Name: Home Phone

Cell Phone number Other phone number

Date of Birth: State Drivers License No:

Employed by: Phone

Address: City zip code

Home Address: City zip code

EMERGENCY CONTACT NUMBER: NAME CELL NUMBER

Medical Information:

Does child have any serious health problems? Yes No

Identify if "Yes"

Does child have allergies Yes No Identify if "Yes"

Is child on any medication Yes No Identify if "Yes"

Does child have permission in school office for medicine and medicine in office Yes no

Comments:

PLEASE COMPLETE BOTH SIDES.

**IDENTIFICATION AND EMERGENCY INFORMATION  
EXTENDED CARE**

**NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY**

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR GUARDIAN) PERSONS PICKING UP STUDENTS MUST BE 18 YEARS OF AGE OR A SEPARATE PERMISSION SLIP IS NEEDED.

\_\_\_\_\_  
Name Relationship Day Telephone cell phone

\_\_\_\_\_  
Name Relationship Day Telephone cell phone

\_\_\_\_\_  
Name Relationship Day Telephone cell phone

\_\_\_\_\_  
Name Relationship Day Telephone cell phone

\_\_\_\_\_  
Name Relationship Day Telephone cell phone

**Emergency Care Information**

In the event we cannot be reached, we wish the following persons to be notified. They are authorized to act in our absence, and will be informed that their names have been used on this card. In case of minor injury, first aid may be administered by a qualified school employee.

**PHYSICIAN OR DENTIST TO BE CALLED IN EMERGENCY**

\_\_\_\_\_  
**Physician Address Medical Plan and number Telephone**

\_\_\_\_\_  
**Dentist Address Medical Plan and number Telephone**

**If physician cannot be reached, what action should be taken?**

\_\_\_\_\_ Call emergency hospital \_\_\_\_\_ other Explain \_\_\_\_\_

**The school will not hesitate to call 911 if the director feels that this is needed. Parents will be notified immediately.**

**Hospital of choice** \_\_\_\_\_

**In case of a Disaster, a number to be reached that is out of the area:**

\_\_\_\_\_  
Signature of Parent or Guardian

Date of Admission \_\_\_\_\_ Date left \_\_\_\_\_

Please be advised that using extended care is a privilege, and can be suspended at anytime due to behavior problems or for financial reasons.

Note: Kindergarten and pre school children use a different form. Kindergarten goes to preschool for after school care.