

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
_____ No. of hrs. Each day _____ Occasional

CHILD'S NAME: _____
Last First Date of Birth Grade

Last First Date of Birth Grade

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.