

2018-2019

Parent/Guardian Information

Registration Date: _____

Mother/Guardian

First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Cell Phone: () _____

[] Custodial Parent (If married, mark both parents) Mother's SS#: _____

Email: _____ Credit Card#: _____

Preferred PIN number for the door access (4 digits, numbers only) 1st choice _____ 2nd Choice _____

Father/Guardian

First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Cell Phone: () _____

[] Custodial Parent (If married, mark both parents) Father's SS#: _____

Email: _____ Credit Card#: _____

Preferred PIN number for the door access (4 digits, numbers only) 1st choice _____ 2nd Choice _____

Trinity Educare Program requires a \$75 non-refundable registration fee each year.

- I have read, understand and will comply with all of the policies and procedures outlined in the Parent Handbook, and that the Health Policy and Disaster Plan are available for review.
- I am responsible for payments of fees based on the enrollment schedule, including holidays and day's children are ill.
- I agree that if payment is not made per the agreement, we may be asked to leave the program.
- I will give the center 2 weeks notification if a schedule change or withdrawal from the program is needed.

Parent/Guardian Signature

Date

Child Information

1st Child

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____ 1st day at Trinity: _____

Child's Address: _____

Gender: [] Male [] Female Date of Birth: _____ Date of last physical exam: _____

List any existing medical conditions, medication and/or special attention your child may require? _____

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Dental Name: _____ Phone () _____

Address: _____

_____ **Full Days**

Days of week to be enrolled: M ___ Tu ___ W ___ Th ___ F ___

Hours: From: _____ to _____

_____ **Half Days** (up to 5 hours per day)

Days of week to be enrolled: M ___ Tu ___ W ___ Th ___ F ___

Hours: From: _____ to _____

_____ **Kindergarten After School Care** (at 11:45)

Days of week to be enrolled: M ___ Tu ___ W ___ Th ___ F ___

_____ **Before and After School Care** (School-age children)

Days of the week to be enrolled M(AM) ___ M(PM) ___ Tu(AM) ___ Tu(PM) ___ W(AM) ___ W(PM) ___

Th(AM) ___ Th(PM) ___ F(AM) ___ F(PM) ___

2nd Child

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____ 1st day at Trinity: _____

Child's Address: _____

Gender: [] Male [] Female Date of Birth: _____ Date of last physical exam: _____

List any existing medical conditions, medication and/or special attention your child may require? _____

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Dental Name: _____ Phone () _____

Address: _____

Child Information - Continued

Full Days

Days of week to be enrolled: M___ Tu___ W___ Th___ F___

Hours: From: _____ to _____

Half Days (up to 5 hours per day)

Days of week to be enrolled: M___ Tu___ W___ Th___ F___

Hours: From: _____ to _____

Kindergarten After School Care (at 11:45)

Days of week to be enrolled: M___ Tu___ W___ Th___ F___

Before and After School Care (School-age children)

Days of the week to be enrolled M(AM)___ M(PM)___ Tu(AM)___ Tu(PM)___ W(AM)___ W(PM)___

Th(AM)___ Th(PM)___ F(AM)___ F(PM)___

3rd Child

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____ 1st day at Trinity: _____

Child's Address: _____

Gender: [] Male [] Female Date of Birth: _____ Date of last physical exam: _____

List any existing medical conditions, medication and/or special attention your child may require? _____

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Dental Name: _____ Phone () _____

Address: _____

Full Days

Days of week to be enrolled: M___ Tu___ W___ Th___ F___

Hours: From: _____ to _____

Half Days (up to 5 hours per day)

Days of week to be enrolled: M___ Tu___ W___ Th___ F___

Hours: From: _____ to _____

Kindergarten After School Care (at 11:45)

Days of week to be enrolled: M___ Tu___ W___ Th___ F___

Before and After School Care (School-age children)

Days of the week to be enrolled M(AM)___ M(PM)___ Tu(AM)___ Tu(PM)___ W(AM)___ W(PM)___

Th(AM)___ Th(PM)___ F(AM)___ F(PM)___

4th Child

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____ 1st day at Trinity: _____

Child's Address: _____

Gender: [] Male [] Female Date of Birth: _____ Date of last physical exam: _____

List any existing medical conditions, medication and/or special attention your child may require? _____

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Dental Name: _____ Phone () _____

Address: _____

Full Days

Days of week to be enrolled: M___ Tu___ W___ Th___ F___

Hours: From: _____ to _____

Half Days (up to 5 hours per day)

Days of week to be enrolled: M___ Tu___ W___ Th___ F___

Hours: From: _____ to _____

Kindergarten After School Care (at 11:45)

Days of week to be enrolled: M___ Tu___ W___ Th___ F___

Before and After School Care (School-age children)

Days of the week to be enrolled M(AM)___ M(PM)___ Tu(AM)___ Tu(PM)___ W(AM)___ W(PM)___

Th(AM)___ Th(PM)___ F(AM)___ F(PM)___

Trinity Catholic School Educare Program:

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities at Trinity Educare.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical, hospital or dental care if warranted. These steps may include, but are not limited to the following:

- Attempt to contact a parent or guardian.
- Attempt to contact you though any of the persons listed on the emergency information form completed by you.
- Attempt to contact the child's physician.
- While attempting to contact the physician, we will do any or all of the following:
 - Give emergency treatment to include first aid and/or CPR by a qualified staff member.
 - Call another physician (if yours cannot be reached) or paramedics.
 - Call an ambulance
 - Have a child taken to an emergency hospital in the company of a staff member.
 - Grant permission to the hospital and physicians to proceed with medical care and/or emergency surgery.
- Any expenses incurred under bullet 4, above, will be borne by the child's family.
- Trinity Catholic School and Educare will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
- Trinity Catholic School and Educare will not assume responsibility for a child who has not been signed in when he/she arrives for the day.

Parent/Guardian Signature

Date

Emergency Contacts & Authorized Pickup Persons:

Child's name: _____

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for door code (4 digits, numbers only) _____

[] Able to pick up all children in the family

[] Not able to pick up the following children: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for door code (4 digits, numbers only) _____

[] Able to pick up all children in the family

[] Not able to pick up the following children: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for door code (4 digits, numbers only) _____

[] Able to pick up all children in the family

[] Not able to pick up the following children: _____

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for door code (4 digits, numbers only) _____

[] Able to pick up all children in the family

[] Not able to pick up the following children: _____

5th contact/Pick-up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for door code (4 digits, numbers only) _____

[] Able to pick up all children in the family

[] Not able to pick up the following children: _____

6th contact/Pick-up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for door code (4 digits, numbers only) _____

[] Able to pick up all children in the family

[] Not able to pick up the following children: _____