

# St. Thomas the Apostle Summer School Registration Form

Student Name: \_\_\_\_\_ Student Birthday: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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Name of Persons authorized to pick up/contact if parents are not available:

1. \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. \_\_\_\_\_ Phone Number: \_\_\_\_\_

If plans change and someone other than those listed above will be picking your child up please notify the teacher.

Approximate time your child will be dropped off \_\_\_\_\_

Approximate time your child will be picked up \_\_\_\_\_

Please circle the days your child will attend:

Monday

Tuesday

Wednesday

Thursday

Friday

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## Medical Information

Family Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies (seasonal, food, medication, etc.):

Medicines taken routinely: \_\_\_\_\_

**THE SCHOOL IS REQUIRED TO HAVE CURRENT AND COMPLETE IMMUNIZATION RECORD ON EACH CHILD BY THE FIRST DAY OF SCHOOL.**

**The school will never dispense internal medication at the request of a student. NO ASPRIIN/TYENOL WILL BE DISPENSED.**

The school will assist students who have minor accidents or ailments, by using ordinary external supplies such as bandages, antiseptic solution, adhesive tape, cold packs, etc. If you DO NOT wish any of these supplies used for your child, please explain:

\_\_\_\_\_

**Proof of Guardianship:** If there is a custody agreement, attach the portion of the agreement that stipulates custody and any other information pertinent for the school, to the registration form. This is a condition of enrollment. If there is a change in the agreement notify the school immediately.

### AUTHORIZATION FOR SCHOOL OFFICIALS IN CASE OF EMERGENCY:

I authorize school officials to secure emergency treatment if I cannot be reached. I will assume responsibility for expenses incurred.

DATE: \_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_