St. Gregory the Great Academy

A Ministry of the Church of St. Gregory the Great

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EXTENDED DAY PROGRAM (EDP)
2016-2017 REGISTRATION FORM

*****Include registration fee of $45.00 per family along with form*****

Child's Name:____Grade 2016-2017:____________________

(Must complete a separate form for each child in the program)

Full Home Address:____

Date of Birth:____Home Phone #_____________________

(Month, Day, Year)

Parent Email Address:__________________________________Alternate:________________________

Mother's Name:_______________________________________Cell #:___________________________

Mother's Employer:____________________________________Work #:__________________________

Father's Name:____Cell #:___________________________

Father's Employer:_____________________________________Work #:__________________________

Check Parents' Marital Status: _____Married _____Separated _____Divorced

If separated or divorced, who does the child primarily reside with? _____Mother _____Father

If there are any custody restrictions, check here _____ and explain below; attach more paper if necessary. Please also attach a copy of any existing restraining orders.

____

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____

Additional Pick-up Authorization: Provide the names of two reliable adults to whom you give permission to pick up your child from EDP:

Name:_____________________________Contact #:_____________________Relationship______________

Name:_____________________________Contact #:_____________________Relationship______________

EDP HEALTH HISTORY INFORMATION

Must be fully completed or registration will be returned to you

Child's Name:____Grade 2016-2017:_______________________

Name of Child's Doctor:______________________________________Phone #:________________________________

Name of Child's Dentist:_____________________________________Phone #:________________________________

Allergies (Check all that apply):

_____Peanuts _____Tree Nuts _____Hay Fever _____Wheat/Grain/Gluten

_____Penicillin _____Play Dough _____Insect Sting _____Dairy

_____Other (specify)__________________________________ _____No known allergies

Please explain any special instructions for your child's allergies:__________________________________

____

An epi-pen is prescribed for my child: _____No _____Yes

Medical History (Complete any applicable sections):

Surgery/Serious Injury:______________________________Date of Occurrence:____________________

Surgery/Serious Injury:______________________________Date of Occurrence:____________________

Disability or Chronic/Recurring Illness:____

Specific Restrictions:____

Emergency Permission Release

There is always a possibility that a child may be injured or become seriously ill during the EXTENDED DAY PROGRAM and that we may not be able to contact the parents. **Medical aid cannot be given to a child without his/her parent's consent.** In an emergency, time can be vital. Your signature on this permission release, which is kept on file at EDP, will allow for medical aid in case such an emergency occurs and we are unable to reach you immediately. We pray it will never be necessary to use this permission.

I give permission for my child__________________________, grade_______, to be transported to a Hospital Emergency Room for medical aid in the case of extreme emergency, provided I cannot be contacted when the emergency occurs.

I prefer my child be taken to: _____RWJ/Hamilton Hospital _____Other______________________________

Please indicate which parent should be called first in an emergency: Mother________ Father_________

Father's Signature____ Date___________________

Mother's Signature____ Date___________________