



St. Gregory the Great Academy

A Ministry of the Church of St. Gregory the Great

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EXTENDED DAY PROGRAM (EDP) 2017-2018 REGISTRATION FORM

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

Child's Name: _____ Grade 2017-2018: _____

(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.

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 _____

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EDP HEALTH HISTORY INFORMATION

*****Must be fully completed or registration will be returned to you*****

Child's Name: _____ Grade 2017-2018: _____

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: _____

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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 _____