

**BEFORE AND AFTER SCHOOL CARE Nazareth Academy 2017-2018**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Contact # \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Contact # \_\_\_\_\_

Check your needs: \_\_\_\_\_ Early morning Arrival (Arrival between 6:30am and 7:15am)

\_\_\_\_\_ After school Care (until 5:30pm)

\_\_\_\_\_ Pick-up by 4:45pm (\$4.00)

\_\_\_\_\_ Pick-up after 4:45pm (\$8.00)

\_\_\_\_\_ Care will be needed daily

\_\_\_\_\_ Care will be on a "drop in" basis

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Important: List two people or nearby relatives who will assume temporary care of your child in a non-emergency situation and/or pick-up if you cannot be reached.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Home Phone

\_\_\_\_\_ Work Phone

\_\_\_\_\_ Cell Phone/Pager

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Home Phone

\_\_\_\_\_ Work Phone

\_\_\_\_\_ Cell Phone/Pager

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If any emergency arises, the school will try to contact a parent or guardian. If neither can be reached, I give his/her physician permission to be wholly responsible for the care of my child. If he is unavailable in the event of a major emergency, the administration is directed to seek emergency care at the medical or hospital facility indicated below. I will be responsible for the payment of all expenses incurred.

Hospital Preference: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Drug, Food or Other Allergies: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_