

ST. BRIDGET SCHOOL BEFORE AND AFTER SCHOOL PROGRAMS ENROLLMENT FORM

Child's Name: _____ Birthdate: _____

Address: _____ Home phone: _____

Father's Name: _____ Mother's Name: _____

Mother's Employer: _____

Mother's Employer's Address: _____ Tel. _____

Father's Employer: _____

Father's Employer's Address: _____ Tel. _____

BEFORE SCHOOL CARE PROGRAM

AFTER CARE PROGRAM

MON	To:	1 Day:	MON	To:	1 Day:
TUE	To:	2 Days:	TUE	To:	2 Days:
WED	To:	3 Days:	WED	To:	3 Days:
THU	To:	4 Days:	THU	To:	4 Days:
FRI	To:	5 Days:	FRI	To:	5 Days:

DROP IN BASIS ONLY

PERSONS TO CALL IN AN EMERGENCY:

Name: _____

Address: _____ Tel: _____

Name: _____

Address: _____ Tel: _____

PERSONS TO WHOM MY CHILD MAY BE RELEASED:

Name: _____ Tel. _____

Name: _____ Tel. _____

Name: _____ Tel. _____

PHYSICIAN'S NAME: _____ Tel. _____

We, the parents of _____ in consideration of acceptance into the St. Bridget's Before/Aftercare Program, agree to make a timely payment of required fees and to adhere to all rules and regulations of the program. We understand that our failure to meet these conditions may result in our child being dismissed from the program. Parent/Guardian Signature: _____

Before/Aftercare Program
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Student's Name _____

Health History: Please check any that apply:

Chicken Pox: _____	Hay Fever: _____	Heart Problems: _____
German Measles: _____	Asthma: _____	Measles / Mumps: _____
Poison Ivy: _____	Earaches: _____	ADHD: _____
Visual Problems: _____	Seizures: _____	Stomach Problems: _____
Sinus Problems: _____	Insect stings: _____	Other: _____ (please list)
Food Allergies: _____		
Other Allergies: _____		

List other concerns and details of the above checked conditions: _____

Special Restrictions: _____

Emotional, Social Concerns: _____

Parent or Guardian Authorization: This health history is correct to the best of my knowledge. The student named above has permission to participate in all aftercare activities except those noted above and accompanied with a physician's note. In the case of accident or illness, I give the Aftercare staff permission to act on my behalf and to contact the emergency medical services as needed. I understand that once the emergency personnel arrive, all medical decisions will be made by the emergency personnel until I can be contacted. The Before/Aftercare Staff, Saint Bridget School or the Archdiocese of Hartford will not be responsible for any costs associated with any accident or illness incurred. I the undersigned do hereby waive and hold harmless the Aftercare Staff, Saint Bridget School or the Archdiocese of Hartford from any personal or property damage my child may incur while participating in the Aftercare Program activities. I understand that Saint Bridget School or the Aftercare Program does not provide accident or health insurance.

Signature: _____ Date: _____

Please read and initial each statement and sign below.

_____ I understand that my child must be picked up by 5:30 PM.

_____ I give the Before/Aftercare Program permission to administer first aid or call emergency help.

_____ I agree to pay all fees for Before/Aftercare weekly. I will never have more than a two week balance due on my account.

_____ I understand that if my child needs any medication on a regular or emergency basis, I will provide it to the Before/Aftercare Program in the original container with the physician's written instructions.

Signature: _____ Date: _____

Both sides of this form must be filled in completely and updated as necessary.