

St. Patrick School an Aquinas Catholic School

127 11th Avenue North Onalaska, WI 54650 (608)783-5483

Child Care Program 2019-2020 Registration Form

Family Last Name: _____

Child/Children Information (Fill in and Check all that apply):

First Name	Grade	Date of Birth	Gender		Child Care Program Attending						
			M	F	Preschool Extended Care			After School Care 3:00-5:30 p.m.			
					K3 p.m.	K4 a.m.	K4 p.m.	Reg.	Drop In	Sports	

Planned Schedule of Attendance: Please list days and hours. Drop-in parents, please indicate days your child(ren) will likely attend.

Hours/Days	Monday	Tuesday	Wednesday	Thursday	Friday
K4 Mornings					
K3/K4 Afternoons					
After School 3:00 - 4:00					
3:00 - 5:00					
3:00 - 5:30					

Parent(s) or Guardian(s) with whom the child/children reside:

Mother: _____ Father: _____

Guardian: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Mother Cell: _____ Father Cell: _____

Mother/Guardian Employer: _____ Work Phone: _____

Father/Guardian Employer: _____ Work Phone: _____

Please complete both sides of this form.

People authorized to pick up my child/children (Check types of events):

Name	Relationship	Telephone #	Routine	Emergency Issue	Sports Events

Emergency Care (if parent is not available, and a serious accident or illness occurs):

	Clinic	Hospital	Doctor	Dentist
Contact Name				
Phone #				

Allergies or other medical issues that Child Care Program Staff should be aware of:

Child's Name	Food Allergies	Other Allergies	Medication	Other Medical Concerns

Parents have legal responsibility for medical expenses incurred on behalf of their child/children. Parents are to notify the school office whenever any of the above information changes.

Person Responsible for Child Care Payments: _____

I have read the registration form and provided accurate information.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please complete both sides of this form.