

**Holy Cross Catholic School After School Care Program
2021 -2022 Registration Form**

Student's name: _____ **Grade:** _____

Student's name: _____ **Grade:** _____

Parent's name: _____ **Phone:** _____

Please mark your choice, circle days of attendance, and specify which child (if applicable):

- 5 Days/Week

- 4 Days/Week Mon Tue Wed Thu Fri Child's name: _____

- 3 Days/Week Mon Tue Wed Thu Fri Child's name: _____

- 2 Days/Week Mon Tue Wed Thu Fri Child's name: _____

- 1 Day/Week Mon Tue Wed Thu Fri Child's name: _____

The following people have my permission to pick up my child(ren):

Name: _____ Relationship to child: _____

Phone: _____

Name: _____ Relationship to child: _____

Phone: _____

Name: _____ Relationship to child: _____

Phone: _____

____ (INITIAL) **Authorization for Leaving School Premises**

I hereby give permission to the staff of Holy Cross Catholic School After School Care program to leave school premises with my child(ren) and walk to Portsmouth Park.

____ (INITIAL) **Authorization for Emergency Medical Care**

I hereby give permission to the staff of Holy Cross Catholic School After School Care Program to call for any doctor or emergency medical services on my child's behalf. I give permission for the doctor, hospital, or medical services to provide emergency medical or surgical care for my child. It is understood that the child care provider will make a conscientious effort to communicate with any parents, guardians and emergency contacts listed on the school registration document before any action will be taken, time allowing. If the child care providers are unable to reach any of the contacts listed, treatment will not be delayed. I will accept the possibility and expense of emergency transportation, medical or surgical treatment.

Movie Viewing Permission

On occasion videos that support the curriculum or are part of a celebration may be watched during the After School Care Program. Please choose one or more of the following:

____ (INITIAL) My child may watch G (General Audience) videos. (Examples: WALL-E, March of the Penguins, The Muppet Movie)

_____ (INITIAL) My child may watch PG (Parental Guidance Suggested) videos. (Example: Brave, Ice Age, Jumanji)

_____ (INITIAL) My child may NOT watch videos during the After School Care Program. An alternate activity will be provided in a separate area.

Parent Signature: _____ **Date:** _____