

## EXTENDED CARE REGISTRATION

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_  
Child's Name \_\_\_\_\_ Grade \_\_\_\_\_  
Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

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

Mother's Name \_\_\_\_\_ Dad's Name \_\_\_\_\_

Mom's Work \_\_\_\_\_ Dad's Work \_\_\_\_\_

Beeper # \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_

Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any allergies/medical conditions of which caregivers should be aware? If so, please explain. \_\_\_\_\_  
\_\_\_\_\_

### MEDICAL EMERGENCY RELEASE:

St. Elizabeth Ann Seton School/Extended Care and its personnel have my permission to seek emergency medical care should such be deemed necessary while any child is engaged in school/Extended Care activities. I also grant permission to health care providers to render necessary services in an emergency should my child become ill or injured while engaged in a school sponsored activity.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date