St. Francis de Sales After School Care Application Form 2020-2021

PRE-K 3 through 7TH

Students must commit to days per month of attendance during a Phase 2 mandate.

Students aren't required to attend all 5 days per week; however, they must register for days of attendance.

Please indicate how often your child(ren) will attend:

_____ Full-time (attends on a regular basis Monday-Friday)

_____ Part-time (__Monday ___ Tuesday ___ Wednesday __ Thursday ___ Friday)

Name of child/children who will be attending:

Child's Name: ____ Teacher: _______________

Child's Name: ____ Teacher: _______________

Child's Name: ____ Teacher: _______________

Contact information:

Mother's Name: ____

Home Number: ______________ Work Number: ________________ Cell Number:_______________

Father's Name: ____

Home Number: ______________ Work Number: ________________ Cell Number:________________

Who will child go home with? (Please list all people that may pick up your child)

__________________________________ Relationship to Child ____________________

__________________________________ Relationship to Child ____________________

__________________________________ Relationship to Child ____________________

Person other than parents to call in an emergency:

Name: ____ Relationship to Child: ______________

Home Number: ______________ Work Number: ________________ Cell Number:________________

Medical Information

Physician's Name: _______________________________________ Number: ____________________

Hospital Choice: ____

Allergies: _____ Yes _____ No Please explain:

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**Please specify and explain if your child is on any medication, or if your child has a medical condition we need to be aware of on the back of this page.

In case of an accident or illness of my child, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements deemed necessary.

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Signature Date