

St. Mary School Cougar Care Program Registration

Child's Name _____ Date _____

Address _____ Registering for grade _____

City, State, Zip _____

Child's Birthdate ____/____/____ Home Phone _____

Registering For: (Circle All Appropriate)

Monday AM PM

Tuesday AM PM

Wednesday AM PM

Thursday AM PM

Friday AM PM

Legal Parents: (Circle Appropriate Answer) Other: _____

Both Parents at home

Guardian

Foster Parents

Mother Only

Stepfather Only

Stepmother Only

Father Only

Mother/Stepfather

Father/Stepmother

Grandparents Only

Joint Custody

Adopted

Parent/Guardian Work Information:

Father: Name _____ Position/Hours _____

Place of Employment _____ Cell Phone _____

Address _____ Business Phone _____

Emergency Contact at Work _____ Phone _____

Mother: Name _____ Position/Hours _____

Place of Employment _____ Cell Phone _____

Address _____ Business Phone _____

Emergency Contact at Work _____ Phone _____

People to contact if Parents/Guardian cannot be reached:

Name _____ Relationship to Child _____

Phone Number During Latchkey Hours _____

Name _____ Relationship to Child _____

Phone Number During Latchkey Hours _____

Health History (give approximate dates and/or details)

Frequent Ear infections _____ Chicken Pox _____

Heart Defect/Disease _____ Measles _____

Convulsions _____ Mumps _____

Hay Fever _____ Asthma _____

Ivy/ Plant Allergies _____ Penicillin Allergy _____

Insect Allergies _____ Other _____

Bleeding/Blood Disorders _____

Regular Medicines Taken _____

I fully understand that should my child be accepted to the St. Mary School Latchkey Program, my registration fee of \$100.00 submitted online is NON-REFUNDABLE.

Signature _____ Date _____

I give my permission for the St. Mary School Latchkey Director and Staff to view any pertinent health and school records concerning my child.

Signature _____ Date _____