

*This page does NOT need to be filled out for CURRENT SJCS students.

MEDICAL INFORMATION

Present general health: _____
Special needs: _____
Past serious illness: _____
Medications your child takes: _____

PLEASE NOTE: If your child will need to take medication at school, you must complete an authorization to dispense medication form. Please see Child Care staff for a form.

Does your child see any other doctors besides their physician or dentist? _____
If yes, please explain: _____

Child's Physician and Phone #: _____
Physician Address: _____

Child's Dentist and Phone #: _____
Dentist Address: _____

MEDICAL RECORD AND HISTORY (May be completed by parent/guardian)

1. Do any of your children have medical needs we should be aware of? (for example: asthma, epilepsy, etc.)
Yes _____ No _____ If yes, please explain: _____

2. Have any of your children had any previous hospitalizations? Yes _____ No _____
If yes, please explain.

3. Any allergies? Yes _____ No _____ If yes, please explain. _____

4. Any previous diseases or illnesses? If so, please explain. _____

5. Any operations? Dates: _____

6. Any physical handicaps? _____

7. Do any of your children have a history of convulsions or seizures? Yes _____ No _____
If yes, please explain. _____

8. Do any of your children have a history of diabetes? Yes _____ No _____

9. Is there a history of diabetes in family? Yes _____ No _____

10. Do any of your children have a history of heart trouble? Yes _____ No _____

11. Is there a history of heart trouble in family? Yes _____ No _____

12. Do any of your children have a developmental delay? Yes _____ No _____
If yes, please explain. _____

EMERGENCY MEDICAL CARE

In case of emergency, if neither I nor the other parents/guardians can be reached, I, the undersigned, do hereby authorize the officials of St. Joseph Catholic School to contact directly the physicians and emergency contacts I have provided and do authorize the named persons to render such treatment as may be deemed necessary in an emergency for the health of my child.

In the event that the physicians, or other emergency contacts I have listed cannot be reached, the officials of St. Joseph Catholic School are hereby authorized to take whatever action necessary, in their judgment, for the health of the aforesaid child including but not limited to taking the aforesaid child to an emergency room or hospital.

I do authorize emergency treatment if deemed necessary.

I understand the above information may be released to appropriate St. Joseph Catholic School employees and emergency personnel who may interact with my child in order to facilitate healthcare.

I acknowledge that if I select "NO" below, it may delay or prevent the school from obtaining medical treatment for my child in an emergency.

Parent/Guardian Initial

LUNCH & SNACKS

I understand that it is the parent’s responsibility to provide a nutritious lunch from home each day. St. Joseph will provide snacks.

Parent/Guardian Initial

THIRTY DAY TRIAL PERIOD

I agree to a thirty day (30) trial period for my child(ren) dating from his/her first attendance at the St. Joseph Catholic School summer program. I understand that if, at any time during this thirty day trial period, the child does not show signs of adjusting or is not ready for this type of child care experience, as judged by the staff and administration, the parents will be asked to withdraw the child from the program.

Parent/Guardian Initial

POTTY TRAINING

I confirm that my child is fully potty trained, which includes no use of diapers or pull-ups during the day and the ability to remain dry during a quiet time/nap of up to two hours. Children who cannot meet this expectation may be asked to withdraw from the program. I understand that a child will be sent home following his/her second accident in a day. I will provide one additional set of clothing for occasional accidents.

Parent/Guardian Initial

PAYMENTS

A \$20 registration fee is required with these completed forms. This fee is non-refundable. A child’s registration is not considered complete until both the forms and the fee are received.

PK-K Fees:

- Full-time Monday through Friday - \$200/week
- Part-time Monday/Wednesday/Friday only - \$120/week
- Part-time Tuesday/Thursday only - \$80/week
- Sibling discount is \$10/week for part-time, \$20/week full time.
- Drop-in is \$45/day, if space is available

Parents may contact Ivy Leahy (ileahy@sjfay.com) to make changes to the chosen weeks as indicated on this form up to the 15th of May for the weeks beginning in June and up to the 15th of June for the weeks beginning in July. **Charges will be based on the weeks chosen as of the 15th of the month. If your child(ren) does not attend on the chosen weeks for any reason, families will still be charged.**

Families who are registered for the 21-22 or 22-23 school year with St. Joseph Catholic School and who are enrolled in automatic billing will pay through their FACTS accounts. These charges will be initiated by the school on the 15th of the month prior to attending using the banking information on file with the school.

Families who are NOT registered for the 21-22 or 22-23 school year with St. Joseph Catholic School must pay via check by the 15th of May for the weeks beginning in June and up to the 15th of June for the weeks beginning in July.

Daily pick-up time is 5:30 p.m. A \$1 per minute late fee will be charged for each child not picked up by that time.

PARENT AGREEMENTS

My signature below affirms that:

- All of the information contained in this application is correct, complete, and honestly presented.
- My family and I agree to abide by the procedures and expectations of the St. Joseph summer program.
- I agree to pay all fees as scheduled and explained above.

I understand that withholding or misrepresenting information in this application or non-compliance with program policies may jeopardize my child's enrollment.

Parent/Guardian Signature _____ Date _____