



**ST. PIUS X SCHOOL
EXTENDED CARE PROGRAM
Registration form for School-Year 2018-2019
for both Registered and Drop-In Students**

Please check here
for drop-in rates

Please Print Clearly

Child's Name: _____
(FIRST) (MIDDLE INITIAL) (LAST)

Grade Level 2018-2019 School Year: _____ Date of Birth: _____ Age: _____ Sex: _____

Parent's Names: _____

Address: _____ City/Zip _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email Address: _____

List ANY and ALL persons that will be allowed to sign your child out. Staff will require proof of ID at pick-up time. Children will ONLY be released to a person(s) who is (are) listed on this form, unless approved by the Program Director.

<u>NAME</u>	<u>PHONE NUMBER</u>
_____	_____
_____	_____
_____	_____
_____	_____

Medical History/Information:

Disabilities or restricted activities:

Known Allergies:

Physician's Name and Phone #:

PARENT'S RELEASE

Please read the following carefully and sign in the appropriate space provided.

Medical Release/Waiver

At all times while my child is participating in or attending the St. Pius X Extended Care Program ("Program"), I (parent/guardian) _____ do authorize emergency medical treatment for my child, including authorization to EMS and any other medical provider: (1) to provide or arrange for emergency medical treatment to my child; and/or (2) to transport my child, via EMS vehicle or otherwise, to a hospital or other medical facility. I understand that every reasonable effort will be made to contact me or other family member of the child as soon as possible in case of an accident, injury or other medical emergency. In consideration for participation in the Program, I, on behalf of my child, myself and any other parent or guardian of my child, assume all risks and hazards to my child incidental to participation in the Program, and waive and release all rights and claims for damages my child, I, or any other parent or guardian of my child may have against St. Pius X School, St. Pius X Church, and their employees, officers and volunteers. I, on behalf of myself and any other parent or guardian of my child, agree to indemnify and hold harmless St. Pius X School, St. Pius X Church, and their employees, officers and volunteers from any and all claims and damages, including punitive damages, related to any injury, illness or other medical condition my child may receive or incur while participating in the Program or to medical treatment of my child authorized above. I authorize St. Pius X School and its representatives to use their judgment in determining emergency care and procedures for my child. I understand and agree that St. Pius X School assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

*** All of my child's immunizations and tuberculosis test results are current and on file at the School office.**

Child's Name: _____ Parent Signature: _____

Date: _____

