



**Playschool
and
After School
Registration Packet
2022-2023**

Registration

Registration Date: _____

Registration paid: _____

Child's Name: _____

Religion: _____

Child's Social Security No: _____

Date of Birth: _____

Child's Address: _____

Home Phone No: _____

Name of Mother/Guardian: _____

Place of Employment _____ Work No. _____

Cell Phone No.: _____ Email Address: _____

Name of Father/Guardian: _____

Place of Employment: _____ Work No. _____

Cell Phone No: _____ Email Address: _____

In what public school district does the child live? _____

Child's Physician: _____ Hospital Preference: _____

Phone No: _____ Phone No: _____

People to contact in case of emergency: We will call your cell first; work next, then who you list as #1 below. The rest will be called in order.

No one may pick up your child if not authorized. If we cannot reach anyone listed below, your child must remain at our facility. Please specify 4-5 **names and phone numbers.**

1. _____ Relationship to child _____

2. _____ Relationship to child _____

3. _____ Relationship to child _____

4. _____ Relationship to child _____

5. _____ Relationship to child _____

Excluded Parties: Please list the name of any family member(s) we should not release your child to: _____

Health Status: Has your child's health changed in any way in which we should be informed? Yes _____ No _____

If yes, please explain _____

Does your child have any dietary restrictions or allergies? If yes then please list below _____

Does your child need any medication on a daily basis? If yes please list below:

You must fill out a consent form on a daily basis and label the appropriate container.

Does your child have any needs that require special attention?

Authorization for Treatment

Date: _____

Name of Child: _____

In case of accident or serious illness, 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 seem necessary.

Authorization for Participation

I hereby grant permission for my child to use all of the play equipment and to participate in all of the activities of the school and to leave the school premises under supervision of staff members for neighborhood walks. This authorization shall be valid for the school year _____.

Signature of parent/guardian _____

Date: _____

Insurance Coverage Verification Form

Name(s) of Student(s)

Please fill in the name of your insurance company and/or the appropriate response below.

I understand that the school, parish or diocese does not provide medical coverage for children at school.

My family coverage is provided by _____

And/or

_____ I understand I am responsible for my own medical coverage.

Signature of Parent/Guardian_____

Date:_____

PHOTOGRAPH AND VIDEO CONSENT FORM:

From time to time, pictures and video may be taken of youth ministry events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and the ministry website. Written consent of both the student and parent/guardian is required. Names will not be posted unless written authorization is given by the student and parent/guardian, and then only first names will be used. If there are concerns about pictures or videos posted on the website, please contact the ministry coordinator or webmaster, and they will promptly be removed.

I/We, the parent(s)/guardian(s) of this youth (name) _____, authorize and give full consent, without limitation or reservation, to (parish/school) _____, to publish any photograph or video in which the above named student appears while participation in any program associated with Holy Family ministry. There will be no compensation for use of any photograph or video at the time of publication or in the future.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____