

Shepherd of the Hills Catholic School Child Care Registration Form

Name of Child (Last, First)	Birthdate	Gender	Grade

Days of the Week and Time in Child Care			
Please check and list all that apply.			
X	Days	Before School Hours (6:30 am - 7:50 am) FROM - TO	After School Hours (11:30 am - 5:30 pm) FROM - TO
<input type="checkbox"/>	Monday		
<input type="checkbox"/>	Tuesday		
<input type="checkbox"/>	Wednesday		
<input type="checkbox"/>	Thursday		
<input type="checkbox"/>	Friday		

Family Information

Father/Guardian		Mother/Guardian	
Address		Address	
City, Zip		City, Zip	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
Email Address		Email Address	
Employer		Employer	
Occupation		Occupation	
Work Phone		Work Phone	
Primary Residence of Child: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Other			

Emergency Contact Information

Emergency Contact Name		Relationship to Child	
Phone Number		Alternate Phone Number	
Emergency Contact Name		Relationship to Child	
Phone Number		Alternate Phone Number	

For placement in the Child Care Program, complete and submit this form, along with a \$30.00 family registration fee.

Additional Student Information

YES NO Does student have medical conditions that we need to be aware of? (Ex. Allergies, Medical Conditions, Etc.) If yes, please explain... Allergy Action Plans and Prescription/Non-Prescription Medication Forms are available for students that need them.

YES NO Does the student have any other restrictions? If yes, please explain...

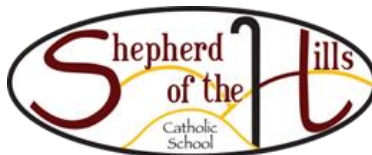
Adults Authorized to Pick Up from Child Care

Name		Relationship to Child	
Name		Relationship to Child	
Name		Relationship to Child	
Name		Relationship to Child	
Name		Relationship to Child	

Additional names can be added to the list at any time.

Signature/Date

Parent/Guardian Name	
Parent/Guardian Signature	
Date	



Walking the path of Christ with love and service through a Catholic education.