



\$30.00 Registration Fee _____

**BLESSED TRINITY CATHOLIC SCHOOL
CLUB TIGER-SCHOOL AGE CHILD CARE
REGISTRATION FORM**

Family Last Name _____ Today's Date _____
(child/parent-family if different)

Address _____

City _____ State _____ Zip _____ Phone(_____) _____

E-Mail _____

1. Child's Name _____ Nickname if applicable _____

Grade _____ Sex _____ Date of Birth _____
(Last, First)

2. Child's Name _____ Nickname if applicable _____

Grade _____ Sex _____ Date of Birth _____
(Last, First)

3. Child's Name _____ Nickname if applicable _____

Grade _____ Sex _____ Date of Birth _____
(Last, First)

Please Circle one of the following services desired, and then fill in the days needed:

(A) Before & After _____
(Days of week)

(B) Before only _____
(Days of week)

(C) Part-time after school _____
(Days of week)

(D) After only _____
(Days of week)

(E) Non-School Days _____
(yes/no)

(F) Drop-In _____
(yes/no)

FEES

	<u>Contracted</u>	<u>Drop-in</u>
Before & After	\$14.00/day	\$9.00/hour
Before School M-F	\$6.00/day	\$9.00/hour
After School M-F	\$12.00/day	\$12.00/hour
After School 2-4 days per week	\$15.00/day	
After School 1 hr. M-F	\$7.00/day	
Non-School	\$30.00/day	\$38.00/day
Summer	\$30.00/day	\$38.00/day

PLEASE FILL OUT THE EMERGENCY INFORMATION ON BACK

***PLEASE ADD THREE DIGIT AREA CODE (Please Print Clearly)

Emergency Information

Father's Name/Legal Guardian _____ wk#_(____)_____
Place of Employment _____ work hours _____
Pager#/cell phone_(____)_____

Mother's Name/Legal Guardian _____ wk#_(____)_____
Place of Employment _____ work hours _____
Pager#/cell phone_(____)_____

Student lives with: Both parents/legal guardians ____ or Father ____ or Mother ____ or 1/2 ____

Is anyone restricted from being in contact with your child by court order? _____
(a copy must be placed in our files) (name)

Please list the adults other than yourself who are authorized to be contacted/pick up your child(ren) in case of emergency:

Name/ _____ Phone#(____) _____ / (____) _____
Relationship

Name/ _____ Phone#(____) _____ / (____) _____
Relationship

Physician _____ Phone(____) _____
Dentist _____ Phone(____) _____
Hospital Preference _____ Phone(____) _____

Health History Update:

List any major illness, allergies-including food, or other related problems in the past year.

Is your child taking any medications? _____
If yes, please list ____ for what reason? _____
Will medication need to be given while at Club Tiger? _____
Do you have any concerns about hearing, vision, or general health? _____
Date of last physical exam _____ Dental _____
Immunizations received in past year: Type _____ Date _____

I give permission to Club Tiger to make whatever emergency (e.g., first aid, disaster, evacuation) measures as judged necessary for the care and protection of my child while under the supervision of Club Tiger. In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the resource (Police, Rescue Squad) deems it necessary. I understand that I am responsible for any medical expenses incurred for my child. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and /or other adult acting on the parent's behalf.

Parent or Guardian Signature: _____ Date _____

I understand that by signing below this information is accurate to the best of my knowledge, and I am responsible for payment for the days my child/children attend.

Parent or Guardian Signature: _____ Date _____