

\$30.00 Family Registration Fee _____
DUE BY MARCH 31 (date paid)



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

Family Last Name _____ Father _____ Mother _____
(child/parent –family if different)

Address: _____

City: _____ State: _____ Zip Code _____ Phone#() _____

E-Mail _____

Father's Day Numbers() _____ () _____

Mother's Day Numbers() _____ () _____
(please circle who you would like to be the first contacted)

1. Child's Name: _____ Current Grade _____ Date of Birth _____
(Last, First)

***Swimming Ability: Beginner 3ft. 4'6" Deep Diving boards
(Circle all that apply)

2. Child's Name: _____ Current Grade _____ Date of Birth _____
(Last, First)

***Swimming Ability: Beginner 3ft. 4'6" Deep Diving boards
(Circle all that apply)

Please Circle the Following Services Desired:

Days of the week my child(ren) will be at Club Tiger: M T W Th F

Drop-In Only _____ 38.00/dy Drop- hourly 13.00

Summer daily _____ 30.00

Emergency Information

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

Please list persons to be contacted when parent(s) can not be reached (please inform them)

Name: _____ Phone() _____ () _____

Name: _____ Phone() _____ () _____

Physician _____ Phone () _____

Dentist _____ Phone () _____

Hospital Preference _____ Phone () _____

List any major illness, allergies, asthma, or health concerns: _____

Is your child taking any medication? Y / N

List: _____

Will medication be given during Club Tiger hours? Yes No

**Please be aware Club Tiger is an 11 week summer program. Initial_____.

STANDARD FIELD TRIP PERMISSION SLIP:

The Club Tiger program has my permission to take my child or children on any planned field trips, outings and walking trips that it deems necessary and in the interest of my child. The trips will be supervised and made in fully insured vehicles. I also understand that some of these trips will include open swimming. There will always be certified lifeguards with these children with additional staff.

I will allow my child/children _____ to participate in the planned field trip activities.

I hereby release and save harmless Blessed Trinity Catholic School Club Tiger and any and all of its employees from any and all liability for any and all harm arising to my child/children as a result of these activity field trips.

Parent/Guardian Signature

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 _____