



\$30.00 Registration Fee _____
(date paid)

**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(____) _____

1. Child's Name _____ Nickname if applicable _____

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

2. Child's Name _____ Nickname if applicable _____

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

3. Child's Name _____ Nickname if applicable _____

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

Please Circle one of the following services desired, 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)

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<u>Care Available:</u>	<u>Daily</u>	<u>Drop-in</u>
(A) Before & After School (M-F)	\$13.00	\$8.00/hr
(B) Before School (M-F)	\$6.00	\$8.00/hr
(C) Part-time After School (2-4 days)	\$12.00	\$12.00/hr
(D) After School (M-F)	\$11.00	
(E) Non-School Day	\$29.00/ day	
(F) Drop-In	\$35.00 day non-school 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 _____

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 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.

Name _____
Date _____