



Annunciation Extended Day Registration

Name of Child _____ Age _____ Grade _____
(As of 9/1/2021)

Birth Date _____

Home Address _____

Telephone _____

Parent/Guardian _____ Telephone (Cell) _____

Home Address _____

Telephone (Home) _____ Telephone (Work) _____

Employer _____

Parent/Guardian _____ Telephone (Cell) _____

Home Address _____

Telephone (Home) _____ Telephone (Work) _____

Employer _____

Name of additional emergency contact _____

Relationship _____ Telephone _____

Doctor _____ Telephone _____

Dentist _____ Telephone _____

Does your child have any known allergies or medical concerns that Extended Day should be aware of? _____

Name of individual(s) who may have permission to pick up your child. _____



General Field Trip Permission and Emergency Care Authorization Form

My child(s) _____ has my permission to use all of the play equipment and participate in all the appropriate activities of the Annunciation Extended Day Program.

I give my child permission to leave the school premises under the supervision of a staff person.

In the event that emergency care is necessary for my child, I give permission for a staff person to take the following steps, as time and situation permit:

1. Attempt to contact parent or guardian.
2. Attempt to contact child's physician or dentist.
3. Attempt to contact you through any of the persons listed on the emergency information form on your child's registration form.
4. If necessary based on the situation, 911 will be called.
5. Any expenses incurred under step 4 will be the responsibility of the child's family.

Signature of parent or guardian

Date

Child's name

