



ST. ALOYSIUS BEFORE- AND AFTER-SCHOOL EMERGENCY FORM

627 Beatrice Drive, Tulare, CA 93274
School Office Phone 559.686.6250 Fax 559.686.0479

STUDENT'S NAME Student's Legal Last Name Full First Name Middle Name Date of Birth month/day/year
Address Street City State Zip
Home Phone Grade Gender Male Female

PARENT/GUARDIAN INFORMATION

Father/Guardian Name Last First

Miss Ms. Mrs.

Mother/Guardian Name Last First

Mailing Address

Mailing Address

City/State/Zip

City/State/Zip

Email Address

Email Address

PLEASE CHECK PREFERRED METHOD OF CONTACT IN EMERGENCY

PLEASE CHECK PREFERRED METHOD OF CONTACT IN EMERGENCY

Home Phone

Home Phone

Cell Phone

Cell Phone

Work Phone

Work Phone

In the event of apparent serious illness or accident, when I cannot be reached, I authorize one of the following to be notified by telephone. They are authorized to act in my absence. They may also release my child from the center.

Name

Name

Relation to Student

Relation to Student

Address

Address

Phone Cell

Phone Cell

In case of serious illness or injury, if you cannot contact me, you have my permission to take:

Student's Name to Name of Local Physician or Tulare District Hospital for care.

Last Tetanus

Allergies to drugs, food, etc.

Special medications, blood type, or pertinent information

The following people listed below CANNOT remove my child from the Extended Care Facility.

\_\_\_\_\_

Attached is my non-refundable registration check.

- \$7 per child for Before-School Care Program
\$12 per child for After-School Care Program
\$19 per child for Before-AND After-School Care Programs

Make check payable to St. Aloysius School. Please, do not combine with other payments.

The above recommendation of the parent will be respected as far as possible. I understand that in the final disposition of an emergency case the judgment of the Program Director will prevail. Anytime the above information must be changed, I will notify the Program Director in writing.

Signature of Parent/Guardian

Date