

2024 St. Athanasius Summer Care Enrollment Form

A \$150.00 registration fee per child is due with this form

Please circle choice needed:

Full Time (4-5 days/week)	Part Time (2-3 days/week)	Drop In (1 day ONLY/week)
1 Child- \$175.00	1 Child- \$140.00	1 Child- \$50.00
2 Children- \$300.00	2 Children- \$225.00	2 Children- \$75.00
3 Children- \$375.00	3 Children- \$300.00	3 Children- \$100.00

Please circle the days your child will be attending each week: Mon Tues Wed Thur Fri

*Please fill out a separate form for each additional child

_____ Male _____
Last Name First Name M.I. Female Date of Birth Grade Entering

Parent/Guardian Information:

Mothers Name: _____ Cell Phone: _____
Mothers Email: _____
Mothers Employer: _____ Work Phone: _____
Fathers Name: _____ Cell Phone: _____
Fathers Email: _____
Fathers Employer: _____ Work Phone: _____
Home Address: _____

Give Name and Phone number of TWO Emergency Contacts (other than Mom & Dad)

1. _____ Phone #: _____
2. _____ Phone #: _____

List anyone who IS AUTHORIZED to pick up your child(ren):

1. _____ Phone #: _____
2. _____ Phone #: _____

List anyone who IS NOT AUTHORIZED to pick up your child(ren):

1. _____ Phone #: _____
2. _____ Phone #: _____

Emergency/Medical/Insurance Information: (this MUST be completed)

Child(ren)'s Physician: _____ Phone #: _____
Insurance Provider: _____ Policy #: _____
Preferred Hospital: _____ Phone #: _____

List any medical conditions or allergies that we should know about:

I hereby give my child(ren) herein described permission to engage in all activities and field trips as noted by me. If emergency medical care is necessary and I cannot be contacted, I authorize the staff to act on my behalf in granting permission for my child(ren) to receive emergency medical treatment. I release the staff at St. Athanasius Parish and School of any liability over and above its insurance limits.

Signature: _____ Date: _____