Office Use: Reg. paid _____

Reg. date -

BLESSED SACRAMENT SCHOOL EXTENDED DAY PROGRAM 2025-2026 STUDENT REGISTRATION (rev. 02/2025)

CHILD'S NAME		CI	HILD'S SEX	GRADE
CHILD'S NICKNAME	CHILD'S ADDRESS			BIRTH DATE
MARITAL STATUS OF PARENTS	5			
LEGAL CUSTODY OF CHILD				
FATHER'S/GUARDIAN'S NAME				
ADDRESS			CITY	
STATE	ZIP	EMAIL		
PLACE EMPLOYED			WORK HRS	CITY
HOME #	WORK #		CELL #	
MOTHER'S/GUARDIAN'S NAMI	E			
ADDRESS			CITY	
STATE	ZIP	EMAIL		
PLACE EMPLOYED			WORK HRS	CITY
HOME #	WORK #		CELL	#
	Al			ZIP
				ZIP
				CELL #
AUTHORIZED TO PICK UP:				
NAME:	NAME:		NAME:	
PERSON(S) NOT AUTHORIZED				
NAME:	NAME:		NAME:	
Chronic Physical Problems, Allergia				
Name and phone number of child?				
OTHER SCHOOL/PROGRAM PR				
PHONE				
PREVIOUS SCHOOLS/PROGRAM				
PREVIOUS SCHOOLS/PROGRAM	MS ATTENDED:			
DATE & PHONE				
• Appropriate paperwork	such as custody papers sha	all be attached if a r	parent is not allowed	l to pick up the child.

• NOTE: Sections 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial (OVER)

parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

AGREEMENTS

- 1. Blessed Sacrament School Extended Day Program (BSSEDP) agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by BSSEDP.
- 2. The parent(s)/guardian(s) authorize BSSEDP to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.***
- 3. The parent(s)/guardian(s) agree to inform the BSSEDP within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
- 4. The parent(s)/guardian(s) agree to inform the BSSEDP by phone, email, letter, or text whenever anyone other than the usual pickup person will be picking up the child.

SIGNATURES

Parent(s) or Guardian(s)

Director of BSSEDP

***If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

NOTE: (Proof of identity is maintained in the main school records)

Check each period for which you wish to enroll your child. <u>Cleary indicate if Regular use or Occasional Use</u> Please indicate if

Occasional use Regular use

7:00 am - BSC (GS & ECC)

8:00 am – ECC with GS Sibling

Fuzzy Bears/Sunshines – 11:45am-3pm

Rainbows/Shooting Stars – end of day until 3pm (early release included)

	ECC After	School	Care	3-6pm
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GS After School Care (end of day until 6pm)

GS Half days only (12-3pm)

GS Wednesday Release only (2:10-3pm)

ECC Early Release 11:45am-1:30pm (RB/SS only)

STARTING DATE _____

Date Child Entered BSSEDP: _____

Date Child Left BSSEDP: ____

Date

Date