

BLESSED SACRAMENT SCHOOL EXTENDED DAY PROGRAM
STUDENT REGISTRATION (rev. 8/20)

Office Use:
Reg. paid _____
Reg. date _____

CHILD'S NAME _____ CHILD'S SEX _____ GRADE _____

CHILD'S NICKNAME _____ CHILD'S ADDRESS _____ BIRTH DATE _____

MARITAL STATUS OF PARENTS _____

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 NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ EMAIL _____

PLACE EMPLOYED _____ WORK HRS. _____ CITY _____

HOME # _____ WORK # _____ CELL # _____

EMERGENCY CONTACTS (other than Parents)

1. NAME _____ ADDRESS _____ ZIP _____

RELATIONSHIP _____ DAY # _____ EVE. # _____ CELL # _____

2. NAME _____ ADDRESS _____ ZIP _____

RELATIONSHIP _____ DAY # _____ EVE. # _____ CELL # _____

AUTHORIZED TO PICK UP:

NAME: _____ NAME: _____ NAME: _____

PERSON(S) NOT AUTHORIZED TO PICK UP:

NAME: _____ NAME: _____ NAME: _____

Chronic Physical Problems, Allergies/Pertinent Developmental Information/Special Accommodations Needed (note N/A if none apply)

Name and phone number of child's physician _____

OTHER SCHOOL/PROGRAM **PRESENTLY** ATTENDING: _____

PHONE _____ GRADE/CLASS _____

PREVIOUS SCHOOLS/PROGRAMS ATTENDED: _____

DATE & PHONE _____

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed 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. Note school requirements for Covid-19.
4. The parent(s)/guardian(s) agree to inform the BSSEDP by phone, email, letter, or text whenever anyone other than the usual pick-up person will be picking up the child.

SIGNATURES

Parent(s) or Guardian(s)

Date

Director of BSSEDP

Date

***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 regularly enroll your child.

Time period

- ☐ Occasional use
☐ Regular use

List what days per week

☐ 1:30 pm to 3:00 pm - Regular use (RB & SS) _____

STARTING DATE _____

Date Child Entered BSSEDP: _____

Date Child Left BSSEDP: _____