## BLESSED SACRAMENT SCHOOL EXTENDED DAY PROGRAM 2023-2024 STUDENT REGISTRATION (rev. 02/22)

Reg. paid ————	
Reg. date	

CHILD'S NAME		CHI	LD'S SEX	GRADE
CHILD'S NICKNAME	CHILD'S ADDI	RESS		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	WORK # CELL # _		
MOTHER'S/GUARDIAN'S NAME				
ADDRESS			CITY	
STATE	ZIP	EMAIL		
PLACE EMPLOYED			_WORK HRS	CITY
HOME #	WORK	WORK # CELL #		t
EMERGENCY CONTACTS (other	r than Parents)	ADDRESS		ZIP —
				ZII
				ZIP
				CELL #
AUTHORIZED TO PICK UP:				
NAME:	NAME:		NAME: _	
PERSON(S) NOT AUTHORIZED	TO PICK UP:			
NAME:	NAME:		NAME: _	
Chronic Physical Problems, Allergies	s/Pertinent Developmento	ul Information/Special Ac	ecommodations Need	led (note N/A if none apply)
Name and phone number of child's	physician			
OTHER SCHOOL/PROGRAM PRE				
PHONEC				
PREVIOUS SCHOOLS/PROGRAM				
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.
- 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)		_	Date
Director of BSSEDP		_	Date
***If there is an objection to seeking emergency medical ca	re, a statement should be	obtained from the pare	ent(s) or guardian(s) that state
NOTE: (Proof of identity is maintained in the main school i	records)		
Check each period for which you wish to <u>regularly</u> enroll you  Time period	our child. Cleary indicate	if Regular use or Occa	sional Use
Occasional use Regular use	<u>List what</u>	days per week	
7:00 am - BSC - Regular use (all grades)			_
8:00 am -**GSECCS BSC Regular use  11:45 am to 3:00 pm - Regular use (Preschool)			<del>-</del> -
1:30 pm to 3:00 pm - Regular use (RB & SS)			_
☐ 3:15 to 6:00 pm - Regular use (*RB, SS, Sun, K-8 or ☐ "Early Release" Days (Grade School 12pm-3pm) *_ (ECC 11:45-1:30pm only) *			
*check which one applies			
STARTING DATE			
* Fuzzy Bear students with approval of the Principal or ECC D	Pirector or Ext. Day Director	r. ** Grade School ECC	Sibling
Date Child Entered BSSEDP:	_ Date Chil	d Left BSSEDP:	