

**BLESSED SACRAMENT SCHOOL EXTENDED DAY PROGRAM  
STUDENT REGISTRATION (rev. 6/21)**

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.
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
- Drop-in/Occasional Use
- Regular use List what days per week
- 8:00 am to 8:30 am – Regular use (Preschool students) \_\_\_\_\_
- 11:45 am to 3:00 pm - Regular use (Sunshines) \_\_\_\_\_
- 1:30 pm to 3:00 pm - Regular use (RB & SS) \_\_\_\_\_
- 3:00 to 6:00 pm - Regular use (RB, SS, Sun) \_\_\_\_\_
- 3:15 to 6:00 pm (K-8) \_\_\_\_\_
- 12:00pm to 3:15 pm on "Early Release" Days

STARTING DATE \_\_\_\_\_

Date Child Entered BSSEDP: \_\_\_\_\_

Date Child Left BSSEDP: \_\_\_\_\_