

**ROCHESTER CATHOLIC SCHOOLS SUMMER SCHOOL- AGED CHILD CARE  
REGISTRATION SUPPLEMENT FORM**

Please complete this form for our records. One form for each child

Please let us know what other RCS summer programs your child will be participating in while attending Summer School Aged Care

Please Write Legibly

Program	Dates

**STUDENT INFORMATION**

**A FORM IS NEEDED FOR EACH CHILD**

NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

NICKNAME \_\_\_\_\_

GENDER (please check one): male \_\_\_\_\_ female \_\_\_\_\_

CURRENT SCHOOL AND GRADE \_\_\_\_\_

LANGUAGE(S) SPOKEN IN THE HOME \_\_\_\_\_

STUDENT PRIMARY LIVES WITH (check all that apply) mother \_\_\_ father \_\_\_ guardian \_\_\_

Address of primary contact \_\_\_\_\_

Other address \_\_\_\_\_

My child has special learning, developmental, behavioral, health, dietary, or medical need. Please select yes or no.

Yes \_\_\_

No \_\_\_

Give us a little information so we can better serve you and your child:

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**PARENT/GUARDIAN INFORMATION – Primary Contact**

**ADULT 1: This is the primary contact for all updates, scheduling, billing and communications regarding the program**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME # \_\_\_\_\_  
CELL # \_\_\_\_\_  
WORK # \_\_\_\_\_  
EMAIL \_\_\_\_\_  
RELATIONSHIP TO CHILD \_\_\_\_\_

**ADULT 2: Second Primary Contact as needed. Do not fill out if not needed**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME # \_\_\_\_\_  
CELL # \_\_\_\_\_  
WORK # \_\_\_\_\_  
EMAIL \_\_\_\_\_  
RELATIONSHIP TO CHILD \_\_\_\_\_

**AUTHORIZATIONS**

**WHO CAN PICK UP YOUR CHILD FROM THE PROGRAM**

*ADULTS MUST REPORT TO STAFF AND MAY BE ASKED TO PROVIDE DRIVER'S LICENSE IF UNKNOWN TO STAFF*

**ADULT 1:** This person is authorized to pick child up from RCS summer care program.  
Please list name and relationship to child:

**ADULT 2:**

Please list name and relationship to child:

Check if address and home # are same as ADULT 1 and 2 listed above: \_\_\_\_\_

Check if to authorize ADULT 2 to pick child up from RCS summer care program. \_\_\_\_

Any Additional ADULT authorized to pick up child:

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME # \_\_\_\_\_  
CELL # \_\_\_\_\_  
WORK # \_\_\_\_\_  
EMAIL \_\_\_\_\_  
RELATIONSHIP TO CHILD \_\_\_\_\_

**WHO CANNOT PICK UP YOUR CHILD FROM THE PROGRAM**

NAME(S) \_\_\_\_\_  
ADDITIONAL INFORMATION YOU FEEL WE NEED TO KNOW: \_\_\_\_\_

**HEALTH AND HISTORY INFORMATION**

PLEASE LIST AND DESCRIBE ANY OF THE FOLLOWING:

FOOD ALLERGIES \_\_\_\_\_  
DRUG ALLERGIES \_\_\_\_\_  
OTHER SENSITIVITIES \_\_\_\_\_  
OTHER RESTRICTIONS OR CONCERNS \_\_\_\_\_  
HAS YOUR CHILD BEEN STUNG BY A BEE? Yes\_\_ No\_\_  
IF YES, DESCRIBE REACTION \_\_\_\_\_  
DOES YOUR CHILD USE AN EPIPEN? Yes\_\_ No\_\_  
DOES YOUR CHILD REQUIRE AN INHALER OR NEBULIZER? Yes\_\_ No\_\_  
DOES YOUR CHILD RECEIVE REGULAR MEDICATION? Yes\_\_ No\_\_  
IF YES, PLEASE DESCRIBE \_\_\_\_\_

**MEDICAL INFORMATION**

NAME/CLINIC OF CHILD'S DOCTOR: \_\_\_\_\_  
Phone # \_\_\_\_\_  
NAME/CLINIC OF CHILD'S DENTIST: \_\_\_\_\_  
PHONE # \_\_\_\_\_  
CHECK HOSPITAL OF PREFERENCE:  
Mayo Clinic - St. Mary's Hospital \_\_\_\_\_  
Olmsted Medical Center \_\_\_\_\_

**MEDICAL AUTHORIZATION:** In the event of an emergency and I am delayed in arriving. I authorize the nearest source of medical care to treat my child.

Parent signature \_\_\_\_\_ date \_\_\_\_\_

**EMERGENCY INFORMATION**

**WE WILL CONTACT YOU FIRST IN AN EMERGENCY**

WHAT IS THE BEST WAY TO CONTACT YOU FIRST? Please number in order.

- cell phone\_\_
- work phone\_\_
- home phone\_\_
- email\_\_

**IF YOU CAN NOT BE REACHED, WHO SHOULD WE CONTACT NEXT?**

*Addresses are REQUIRED. Emergency Contacts DO have permission to pick child up from program.*

**ADULT 1**

- NAME\_\_\_\_\_
- ADDRESS\_\_\_\_\_
- HOME #\_\_\_\_\_
- CELL #\_\_\_\_\_
- WORK #\_\_\_\_\_
- EMAIL\_\_\_\_\_
- RELATIONSHIP TO CHILD\_\_\_\_\_

**ADULT 2**

Check if address and home # are same as ADULT 1\_\_\_\_\_

- NAME\_\_\_\_\_
- ADDRESS\_\_\_\_\_
- HOME #\_\_\_\_\_
- CELL #\_\_\_\_\_
- WORK #\_\_\_\_\_
- EMAIL\_\_\_\_\_
- RELATIONSHIP TO CHILD\_\_\_\_\_

**PROGRAM AGREEMENTS**

1. I consent to the application of sunscreen on my child while attending the RCS Summer Care Program. If your child has sensitive skin, please provide personal sunscreen labeled with child's first and last name.

SUNSCREEN Yes\_\_ No\_\_

2. I consent to the participation of my child in light water play (buckets, sprinkler spray, etc.) while attending the RCS Summer Care Program. Please keep an extra set of dry clothes on hand at all times.

WATER PLAY Yes\_\_ No\_\_

3. I give permission for my child to be photographed (or included in a video) for use by RCS for promotional materials, newspaper articles, informational brochures, and/or the RCS website. Photos and video segments will NOT include the name of any child.

PHOTO/MEDIA Yes\_\_ No\_\_

4. I give permission for my child to be photographed (or included in a video) for use by teacher/program coordinator in classroom/community news. Photos and video segments will NOT include the name of any child.

PHOTO/CLASSROOM COMMUNICATIONS Yes\_\_ No\_\_

### ACCEPTANCE OF RESPONSIBILITIES

1. I understand that it is my responsibility to inform RCS of any special learning and/or developmental needs of my child along with any services currently being received.

SPECIAL NEEDS Yes\_\_ No\_\_

2. I understand that it is my responsibility to inform RCS of any changes to child, parent/guardian, or emergency contact information.

CONTACT INFORMATION UPDATES Yes\_\_ No\_\_

3. I understand that I am enrolling my child for the RCS Summer Care program. I have received and agree to abide by the program practices and procedures as outlined in the ROCHESTER CATHOLIC SCHOOLS SUMMER CARE HANDBOOK (also available on RCS website). I understand and agree to follow the guidelines set forth for attendance, ill child, behavior, billing, scheduling, cancellations, and penalties for late payment or child pick-up.

PROGRAM TERMS Yes\_\_ No\_\_

4. I understand that the following forms MUST BE COMPLETE AND SUBMITTED prior to my child's first day of summer care attendance: immunization record, health care summary, and this Information/Registration form.

REQUIRED FORMS Yes\_\_ No\_\_

ACKNOWLEDGEMENT: I, the undersigned, have read the information and understand all the policies, procedures, and guidelines in the RCS School Age Summer care handbook. I acknowledge that the above listed persons may pick up my child from RCS School Aged Child Care. My child is permitted to attend field trips. I authorize RCS SACC to help my child apply sunscreen as needed. I give permission for my child to watch – age appropriate, G and PG rated movies. I understand the RCS SACC occasionally post, publishes appropriate photos and videos of RCS SACC participants. By signing below, I release Rochester Catholic Schools, including School Aged Summer Care, from any possible liability. I understand the above-mentioned will remain in effects during the duration of the current handbook.

**(Primary Contact) Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_**