

Extended Care Child Data Sheet

Child's Name _____ Date of Birth _____
Grade _____ Teacher _____

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Grade _____ Teacher _____

Home Address _____
Home Phone # _____ Email Address _____

Father's Name _____ Cell# _____
Employer _____ Work # _____
Work hours and days _____

Mother's Name _____ Cell # _____
Employer _____ Work # _____
Work hours and days _____

Parent is responsible for providing any custody agreement/court order that is currently in effect. We will only follow what is written in the court order. If no court documents are provided, either parent will be allowed to pick up their child and/or choose who can.
Check here if court order is attached. _____

List the person(s), other than the parents, authorized to pick up your child from extended care (name and relationship).

Emergency Contacts are names and numbers to use if parents cannot be reached. We will call the list in the order given. There must be a minimum of two emergency contact people listed with valid numbers. However, the more we have, the quicker we can reach someone in the event of an emergency.

First Contact _____ Relationship _____
Home # _____ Cell # _____ Work # _____

Second Contact _____ Relationship _____
Home # _____ Cell # _____ Work # _____

Third Contact _____ Relationship _____
Home # _____ Cell # _____ Work # _____

What is the best time for me to reach you? _____

Turn Over

PERMISSION FOR EMERGENCY CARE

Richmond Christian School Extended Care Staff has permission to obtain medical care for my child as they deem necessary. When I cannot be contacted in an emergency, Extended Care Staff has my permission to take my child to the emergency room of the nearest hospital. The hospital has my authorization to provide treatment which a physician deems necessary for the well-being of my child.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

EMERGENCY INFORMATION

Name of your family physician _____ Phone Number _____

Name of your family dentist _____ Phone Number _____

Insurance Company _____ Policy Number _____

Does your child: (Please make a check mark if the answer is yes)

1. _____ Have a short attention span.
2. _____ Need to use the bathroom frequently.
3. _____ Have hearing difficulty.
4. _____ Have an allergy or allergies (kind) _____
5. _____ Have medication daily (kind) _____
6. _____ Have extreme fears (type) _____
7. _____ Have a chronic/serious illness or other medical condition (describe)

I/We understand that the staff of Richmond Christian School Extended Care follows the same "dispense of medication" policy as described in the Richmond Christian School Student/Parent Handbook. _____ yes _____ no

I am interested in using the Extended Care Program for: (please circle one)
Before & After Care Before Care Only After Care Only

I will be using this: (please circle one--- if daily, please specify which days)
Weekly (every day) Daily _____

By signing below, I/we acknowledge that the Extended Care handbook is on the school website and that I/we agree to read it and go over the contents with my/our child.

(Father's signature and Date)

(Mother's signature and Date)