Southminster School
Extended Care Registration Form 2018-2019

Please complete this form if you are planning to use extended care one time, once a week or daily throughout the year.
Registration Fees: ____ 1st Time Student Registration $40 (includes one key card)
____ 1st Time Family Registration $50 (2 or more children -- 1 key card included)
____ Student Re-Registration $30 (key card reactivated)
____ Family Re-Registration $50 (2 or more children -- key card reactivated)

Lost or additional key cards will cost $15 for each card.

Medical Information: Children in a 3-year-old and younger class with an Epi Pen for allergies cannot enroll in extended care.

Child's Name _____ Age _____ Class/Grade_____

Mom's Name _____ Daytime Phone # _____

Dad's Name _____ Daytime Phone # _____

Please indicate: Regular User _____ Occasional User _____

EMERGENCY CONTACT – Please give information for two local people who can pick up your child in case of illness or emergency:

ALTERNATE PERSON	Phone or Cell#	Address	City	RELATIONSHIP

ALTERNATE PERSON	Phone or Cell#	Address	City	RELATIONSHIP

Allergies _____

Medication _____

People approved to pick-up your child: **Please Note: Children will not be released to an individual under 18 years of age.**

_____ _____

_____ _____

Please list anyone who **<u>may not</u>** pick up your child:

_____ _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to arrange for emergency medical attention, I authorize the facility director or person in charge to take my child to:

Name of Licensed Physician_____ Phone _____

Address_____

I also give my consent, in the event that I cannot be reached, to take my child to Methodist Hospital - Sugar Land for medical treatment. Such consent includes, without limitation, x-rays, injections, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general supervision of any licensed physician/surgeon, whether such diagnosis or treatment is rendered at the office of said physician/surgeon or at the hospital.

_____ _____
Signature of Parent or Guardian Date

Please Check or Initial:

- I would like my elementary child to participate in the homework group during extended care. Yes____ No____
- In the event that my child <u>does not</u> bring a snack from home, he/she may purchase a snack for a $1. Yes____ No____
- The Extended Care fee is $7.00 per hour. Initial _____
- The Extended Care late pick fee is $5.00 per minute. Initial _____

_____ _____
Parent/Guardian Signature Date