



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 3-year-old classes with an Epi Pen for allergies cannot enroll in extended care.

Please Note: Southminster does not accept 2-year-olds with an Epi Pen for allergies.

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

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 **may not** 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 does not 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 \$1.00 per minute. Initial _____

 Parent/Guardian Signature

 Date