

St. Mary School SACCC Application Form
School Year 2018-2019

Last Name _____ First Name _____ Middle Name _____

Parish: _____ **School Child Attends:** St. Mary Catholic School **Date of Admission:** _____

<u>Religion</u>	<u>Sex</u>	<u>Birth Date</u>	<u>Birthplace</u>
Catholic _____	M _____	Month/ Day/ Year	City, State _____
Non Catholic _____	F _____	____/____/____	_____

Parish _____

Residence

Street Address _____ City, State _____ Zip Code _____ Telephone _____

Family Information

 Email Address

Father or Guardian	Birthplace	Religion	Education	Occupation
_____	_____	_____	_____	_____

Place of Occupation	Business Address	Business Phone or Cell Phone
_____	_____	_____

Mother	Birthplace	Religion	Education	Occupation
_____	_____	_____	_____	_____

Place of Occupation	Business Address	Business Phone or Cell Phone
_____	_____	_____

Rates:

Monthly: Full-Time 4/5 days a week _____ \$280.00
 2nd Child _____ \$230.00
 3rd Child _____ \$190.00

Monthly: Part-Time 2/3 days a week _____ \$180.00
 2nd Child _____ \$140.00
 3rd Child _____ \$110.00

Monthly: Part-Time 1 day a week _____ \$80.00

Drop-In (Emergency's ONLY) _____ \$25.00/visit/child

A \$30 registration fee is required for each *family* and is non-refundable nor applicable to tuition.

Please complete each blank. Write N/A if item is not applicable.

Please list **three** authorized persons to take child from the program in the event of an emergency.

1.) Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

2.) Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

3.) Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

List of Person(s) **NOT** permitted to pick up this child:

Name: _____ Restraint papers or divorce decree attached? Yes No

Name: _____ Restraint papers or divorce decree attached? Yes No

Transportation/ activity plan to allow a child to leave the program for specific activities (Girl/ Boy Scouts, sports, clubs, etc.) Please complete the following information if you plan for your child to participate.

1.) Destination/ activity: _____

Estimated time departure: _____ Estimated time of return: _____

Time Period for which this agreement is valid: _____

Authorized person to take child fro program: _____

2.) Destination/ activity: _____

Estimated time departure: _____ Estimated time of return: _____

Time Period for which this agreement is valid: _____

Authorized person to take child fro program: _____

Parent/ Guardian Signature

Date

Please complete each blank. Write N/A if item is not applicable.

Medical Information

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Other Health Care Provider: _____ Phone: _____

Permission to provide first aid and transportation to an emergency care facility if needed? Yes No

If you do NOT want your child transported to an emergency care facility or provided first aid describe procedures to follow: _____

Medical / Health Needs: _____

Allergies and Treatment: _____

Diet Restrictions: _____

Medications: _____

***A medication form must be completed for each medication administered while in attendance at the program.**

Parent/ Gaurdian Signature

Date

Please complete each blank. Write N/A if item is not applicable.

SACC Emergency Contact Form

Students Full Name: _____

Emergency contact telephone numbers

Please circle which phone number should be used 1st, 2nd, and 3rd in case of an emergency

Father's daytime phone numbers:

Name: _____

Work Number: (1 2 3) _____

Home Number: (1 2 3) _____

Cell Number: (1 2 3) _____

Mother's daytime phone numbers:

Name: _____

Work Number: (1 2 3) _____

Home Number: (1 2 3) _____

Cell Number: (1 2 3) _____

Babysitters Name: _____ Number: _____

Carpoolers Name: _____ Number: _____

Other daytime contact (relative or Neighbor)

1.) Name: _____

Relationship: _____

Number: _____

2.) Name: _____

Relationship: _____

Number: _____