



South City Catholic Academy Before/After Care Enrollment

Check one: Before Care only After Care only Before and After Care both

CHILD'S PERSONAL INFORMATION			
Child's Name		Date of Birth	
Child's Primary Home Address (Street, City, State, ZIP)		Home Phone	
Guardian with whom child primarily resides			
Mother's or Guardian's Name			
Home Address (if different) (Street, City, State, ZIP)		Home Phone	
Employed by	Hours of Employment	Business Phone with Extension	
Email Address		[] Pager [] Cell Phone	
Father's or Guardian's Name			
Home Address (if different) (Street, City, State, ZIP)		Home Phone	
Employed by	Hours of Employment	Business Phone with Extension	
Email Address		[] Pager [] Cell Phone	
EMERGENCY CONTACTS AND AUTHORIZED PERSONS TO PICK UP CHILD			
List at least two contacts (not including parents/guardians listed above) authorized to be notified if parent/guardian cannot be reached due to a medical emergency, or if the child is left at the school beyond program hours. Provide two persons authorized to take child from the program.			
Name	Relationship to Child	Address (Street, City, State, ZIP)	Phone during program hours
1.			
2.			
3.			
If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize South City Catholic Academy staff to contact: <small>Note: South City Catholic Academy does <u>not</u> provide accident insurance for your child. This will be the responsibility of the parent or guardian.</small>			
Doctor/Clinic Name		Address (Street, City, State, ZIP)	Phone
Preferred Hospital – unless determined by medical personnel			
Insurance Name		Group #	Policy #
Medical information will be supplied by the School Office. Does your child suffer from any chronic / severe health conditions or allergies? [] No [] Yes If yes, explain:			
PROGRAM FEES (SEE ATTACHED)			

I / We understand the programs' terms and agree to be responsible for payment of program fees.

Mother's or Legal Guardian's Signature: _____ Date: _____

Father's or Legal Guardian's Signature: _____ Date: _____

Questions? Email the principal at sccahirschman@gmail.com