

# HOLY FAMILY SCHOOL

## 2018-2019 Bear Care Registration Form

Please complete a registration form and emergency form for each child you register  
(Check One)\*

**Child's Name** \_\_\_\_\_ **Grade/Homeroom** \_\_\_\_\_ **Full Time** **Part Time**

\*Tuition is Full Time (3 or more days a week) or Part time ( 1 or 2 days per week)

**Mother/Guardian Name:** \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

---

### EMERGENCY CONTACT INFORMATION

Child's Name \_\_\_\_\_

Parent/Guardian:  
Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell \_\_\_\_\_

Parent/Guardian:  
Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell \_\_\_\_\_

Other Emergency Contact:  
Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell \_\_\_\_\_

Other Emergency Contact:  
Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Allergies : \_\_\_\_\_

Nut/Peanut Allergies: YES NO

Other conditions or special needs: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Physician's phone number: \_\_\_\_\_

I agree to allow Bear Care personnel to administer first-aid and/or emergency medical treatment to my child in the case of injury or illness.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HOLY FAMILY BEAR CARE  
REGISTRATION  
PAGE 2 OF 2**

Emergency Contacts

Please list any emergency contacts in the order that you would like us to call. Call will only be made in case of an emergency or if your child has not been picked up before 6:00pm.

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pick-up List

Those authorized to pick up your child(ren)

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there anyone NOT allowed to pick up your child? \_\_\_\_\_Yes \_\_\_\_\_No  
If yes, whom? \_\_\_\_\_

(Official court/legal documents are required to be filed in the school office.)

By signing this registration form I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ agree to follow the rules, policies and tuition policies as set forth in the Holy Family Student Handbook. I understand that my child is enrolled in Bear Care for the school year 2018-2019. If I decide to withdraw my child for any reason I am expected to give the Bear Care Director a 2 week notice. Refunds of Bear Care tuition are the sole discretion of the Principal of Holy Family School.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE