

HOLY FAMILY SCHOOL

2019-2020 Bear Care Registration Form

*Bear Care is FULL TIME or PART TIME ONLY – There is no drop in daily rate
Full Time is 3 or more days a week Part Time is no more than 8 days per month*

Child's Name _____ **Grade/Homeroom** _____ **Full Time** _____ **Part Time** _____

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: _____

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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 2019-2020. 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