

**ST. TERESA OF AVILA AFTER SCHOOL CARE PROGRAM
REGISTRATION FORM**

PLEASE PRINT

Child's Name _____ Date of Birth _____

Address _____ Zip _____ Phone _____

Grade this school year: _____

Father's Name _____ Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Father's Place of Employment: _____

Mother's Name _____ Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mother's Place of Employment: _____

**ARCHDIOCESE OF CINCINNATI RELEASE AND INDEMNIFICATION OF THE
MEDICAL POWER OF ATTORNEY**

1) I, the lawful parent or guardian of _____, release from all liability, and indemnify and hold harmless the Archbishop of Cincinnati, both individually and as trustee for the Archdiocese of Cincinnati and all parishes with the Archdiocese, and the officers, agents, representatives, volunteers, and employees of either the Archdiocese or any other parish thereof (agents) from any and all liability, actions, causes of actions, claims, judgments, cost or expense, including attorney fees, known or unknown at this time, arising out of or in any way related to any injury or illness incurred by my child while participating in or traveling to or from the activity.

2) I agree to instruct my child to cooperate with all agents of the Archbishop in charge of the activity.

**CONSENT FOR EMERGENCY MEDICAL TREATMENT AND HOLD HARMLESS
AGREEMENT**

I, the parent/guardian of _____ give permission for emergency medical treatment of my child for illness or accident if we cannot be contacted at the numbers

listed above first, and below second.

Persons to notify other than Parent or Guardian in the case of emergency:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Does your child have any allergies? _____ No _____ Yes

If yes, please explain: _____

Does your child take Medication on a regular basis? _____ No _____ Yes

If yes, please list: _____

Chronic Conditions: (asthma,epilepsy,etc.) _____

Physician _____ Phone _____

Dentist _____ Phone _____

Preferred Hospital _____

My Child has my permission to participate in the After School Care Program at St. Teresa of Avila School. I understand that this program includes, but is not limited to homework, crafts, movies, and other recreational programs. We further agree to indemnify the Archdiocese of Cincinnati of the above, shall not be held liable for any injury or loss of clothing, school books, toys, etc. which my child may sustain while participating in the program.

In cases of divorce or separation, the parent enrolling a child/children will be the parent responsible for all monthly payments and subsequent charges. If the divorce decree requires the other parent to pay all or part of the monthly payment, it is the enrolling parent's responsibility to collect from the other parent.

Parent/Guardian Signature _____ **Date** _____

E-mail address _____

**A \$30.00 nonrefundable registration fee must accompany the registration form for all new students. For children attending the program the previous school year there is a \$15.00 nonrefundable fee. Please make check payable to St. Teresa After School Care.

Please circle days child will be attending: _____ 3 days/week 5 days/week

Please list below all persons that are **allowed** to pick up your child. The staff members request that you do not go beyond four people who are allowed to do so.

Father's Name _____

Mother's Name _____

Name _____ Relationship _____

Phone #'s _____

Name _____ Relationship _____

Phone #'s _____

Please list below all the persons that are **NOT ALLOWED** pick up your child.

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____