

**ST. PIUS X AFTER SCHOOL CARE
REGISTRATION**

Name of Student	Grade/Teacher	Date Of Birth
1. _____		
2. _____		
3. _____		

Please indicate the days your student will attend: **M T W T H F** **Circle Payment:** Bi-weekly or Monthly
3 DAYS

Home Address _____ Home Phone _____

Name – Mother _____ Work Phone _____

Name – Father _____ Work Phone _____

PEOPLE AUTHORIZED TO PICK UP STUDENT OTHER THAN PARENT:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Health Problems (Frequent colds, Allergies, etc.)

IF PARENTS CANNOT BE REACHED IN THE EVENT OF AN EMERGENCY,

CALL _____ PHONE _____

DOCTOR _____ PHONE _____

Parent(s)/Guardian agrees to punctually pay bi-weekly or monthly for each student enrolled in the program. Families that do not pay on time will be withdrawn from the After School Program until all charges are up-to-date.

Parent(s)/Guardian acknowledges that students will be admitted to the Program on a first come, first serve basis and that no refunds will be made for absences or dismissals.

PLEASE COMPLETE BOTH SIDES OF FORM

Parent(s)/Guardian agrees that they as Parent(s)/Guardian and the student will abide by and comply with the laws of the State of Oklahoma, all policies, rules, regulations and disciplinary procedures of St. Pius X which may be deemed necessary for the operation of the program or for the health, safety and welfare of the St. Pius X administrators, faculty or students. Parent(s)/Guardian understands and agrees that the student must have signed note from parent to be excused from attending the Program or leaving the Program early on any day for any reason whatsoever (ex. basketball practice, flag football, scouts, etc.)

UNDER NO CIRCUMSTANCES will the student be released to anyone not known to the School without authorization from Parent(s)/Guardian. **NOTE:** It is legal for either Parent(s)/Guardian to pick up a child unless we have a copy of a Court Order restricting visitation.

I hereby grant permission for the Director or person in charge to take whatever steps may be necessary to obtain emergency care. I give permission for any staff member of St. Pius X School or the above persons to be called in an emergency to consent to all emergency care needed to said minor(s) _____ under the general or special supervision and upon the advice of a physician and surgeon licensed under the laws of the State of Oklahoma. This authorization is given pursuant to Title 10, Section 170 of Oklahoma Statutes. This authorization will remain in effect unless revoked in writing.

Signature of Parent or Guardian _____

Date _____