



Corpus Christi Catholic School Extended Care Registration Form



STUDENT INFORMATION

Student Name	Date of Birth
Address	City, State, Zip

PARENT INFORMATION

Mother name	Father Name
Mother Cell Phone	Father Cell Phone
Mother Email Address	Father Email Address

EMERGENCY CONTACT INFORMATION

Name	Phone Number
Name	Phone Number
Who else is allowed to pick up your child?	Name and Phone Number

ALLERGY INFORMATION

Please list **ALL** known allergies to include seasonal, food, bug/bee/wasp bites, etc.

MEDICAL INFORMATION

Please list any medical conditions or restrictions that apply to your child.

May we administer the following medications to your child? Circle yes or no.

Tylenol YES NO Ibuprofen YES NO Cough Drop YES NO Tums YES NO

EMERGENCY MEDICAL RELEASE

If emergency medical care is necessary and I cannot be reached, I authorize Corpus Christi Catholic School to act on my behalf in granting permission for my child to receive emergency medical treatment. Parents are responsible for all expenses incurred as the result of medical treatment.

Parent/Legal Guardian Signature	Date
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HOLD HARMLESS RELEASE

I understand that as a parent/legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant. I agree on behalf of myself, my child named herein, our heirs, successors and assigns to hold harmless and defend Corpus Christi Catholic School, the Archdiocese of Kansas City in Kansas, and their officers, employees, volunteers, and any other affiliates, from any claim arising from or in connection with my child attending the Extended Care Program or in connection with any illness or injury (including death) or cost of medical treatment resulting from the attending the program; and further, I agree to compensate the parish/school and the Archdiocese, their officers, employees, volunteers, chaperons, agents and representatives associated with the program for reasonable attorney's fees and expenses which may be incurred in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school/archdiocese. To the best of my knowledge, my child is in good health and is physically able to attend the Extended Care Program. I assume all responsibility for the health of my child.

Parent/Legal Guardian Signature	Date
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