St. John the Baptist Catholic School
Jefferson, WI
www.stjohnbaptist.net
Phone: 1.920.674.5821

Father Thomas Coyle, Pastor
Terry Tinkle, Principal
Lori Becker, Administrative Assistant
Susan Loof, Director of Special Services

Extended Care Registration

(Office Use)

Registration Fee: $35.00 Per Child

PAID BY:
Check: # Cash: School Year: 20___-20___

FAMILY NAME: _____

CHILD'S NAME: _____ BD:_____/_____/_____

_____ BD:_____/_____/_____

_____ BD:_____/_____/_____

_____ BD:_____/_____/_____

ADDRESS: _____

CITY: _____ZIP:_____

PHONE: (_____)_____-_____

MOTHER/GUARDIAN INFORMATION: (CIRCLE) SAME AS CHILD DIFFERENT
(PLEASE FILL IN BELOW IF DIFFERENT)
ADDRESS: _____

PHONE: (_____)_____-_____(HOME)

(_____)_____-_____(CELL)

_____(EMAIL)

FATHER/GUARDIAN INFORMATION: (CIRCLE) SAME AS CHILD DIFFERENT
(PLEASE FILL IN BELOW IF DIFFERENT)
ADDRESS: _____

PHONE: (_____)_____-_____(HOME)

(_____)_____-_____(CELL)

_____(EMAIL)

EMERGENCY CONTACT INFORMATION

(PERSON WITHIN A 20 MILE RADIUS OF EXTENDED CARE OTHER THAN PARENT OR GUARDIAN)

PRIMARY EMERGENCY CONTACT:

NAME: _____

ADDRESS: _____

CITY: _____ZIP_____

PHONE: (_____)_____-_____(HOME)

(_____)_____-_____(CELL)

RELATIONSHIP TO CHILD: _____

SECONDARY EMERGENCY CONTACT:

NAME: _____

ADDRESS: _____

CITY: _____ZIP_____

PHONE: (_____)_____-_____(HOME)

(_____)_____-_____(CELL)

RELATIONSHIP TO CHILD: _____

MEDICAL INFORMATION

DOCTOR: _____PHONE:_____

DENTIST: _____PHONE:_____

If emergency treatment is required, and parents cannot be reached immediately, may the Extended Care authorities use their own judgment in calling the doctor or dentist listed above, if not available, an alternate doctor?

YES NO

If NO, indicate plan to plan:

OTHER PERSONS AUTHORIZED TO PICK UP MY CHILD FROM EXTENDED CARE:

NAME: _____

PHONE: (_____)_____-_____

RELATIONSHIP TO CHILD: _____

NAME: _____

PHONE: (_____)_____-_____

RELATIONSHIP TO CHILD: _____

NAME: _____

PHONE: (_____)_____-_____

RELATIONSHIP TO CHILD: _____

HEALTH HISTORY

ALLERGIES: YES NO
EXPLAIN:

ASTHMA: YES NO
EXPLAIN:

SERIOUS ILLNESS, ACCIDENTS, SPECIAL INSTRUCTIONS, OR OTHER THINGS THE CAREGIVER SHOULD KNOW (USE BACK OF FORM IF NECESSARY)