

ST. MARY CATHOLIC SCHOOL

1416 Main Street, Mount Vernon, IL 62864
Phone: 618-242-5353 | Website: stmary.school



Educational Daycare Registration

Child's Information

Full Name: _____

Date of Birth: _____ Social Security #: _____

Preferred Name/Nick Name: _____

Gender: _____ Male _____ Female

Address: _____
 Street City State Zip

Phone: _____

Does your child require any special medical attention (example: asthma, severe allergy, epi-pen, etc.)?

_____ Yes _____ No (If yes, please explain)

Is your child fully toilet trained? _____ Yes _____ No

(children must be completely toilet trained before registering for Educational Daycare Program.)

**Educational Day Care is Full Time only, even if your child cannot/does not attend five days a week.

Family Information

Mother/Parent/Guardian: _____

Occupation: _____

Employer: _____

Cell / Home Phone: _____

Work Phone: _____

E-mail: _____

Father/Parent/Guardian: _____

Occupation: _____

Employer: _____

Cell / Home Phone: _____

Work Phone: _____

E-mail: _____

Are both parents living with child? Yes ___ No ___ (if no, please provide address for parent not shown on page one)

Street City State Zip

Parent Statements

Please comment on your child's strengths and weaknesses:

Please describe any circumstances, which have affected or may affect your child's academic performance, participation in school events, or attendance in school, (ex: frequent moves; changes in schools; separation of a significant person in the family; disciplinary actions; serious illness; and learning disability)

Has your child had any history of a physical or emotional condition which has required professional attention or which might require special attention?

_____ Yes _____ No
(if yes, please explain)

What more would you like us to know about your child that would help us make the EDC experience a positive one?

I/We understand that a registration fee and the first week's payment must accompany this form; that all tuition and fees paid are non-refundable and non-transferable and that a 30-day written notice is required to withdraw my child from this St. Mary Educational Day Care program. Our/My registration fee and the first week's payment is forfeited if my child does not begin attending St. Mary Education Day Care on the agreed upon date.

Parent/Guardian

Date

St. Mary Educational Daycare Program Registration Agreement

1. I understand I am committing myself to participation in the St. Mary School Education Daycare Program for the duration of the school year unless unforeseen events make withdrawal necessary.
2. I understand that I am responsible for payment of contracted fee. Checks are to be made payable to St. Mary School and mailed or turned into the school office.
3. If my child/children are having problems in the program, a conference will be arranged between the Educational Daycare Program instructor and me to discuss the concern.
4. The St. Mary Educational Daycare Program reserves the right to terminate child care services if it is determined that placement is unsatisfactory.
5. I understand that there are field trips and activities planned and these may require an additional fee.
6. I have read and agree to all the policies, fees, and procedures outlined in the handbook.

Parent Signature: _____ Date: _____

EDC MEDICATION AUTHORIZATION FORM

PART I

PART 1 – must be completed and signed by the child’s physician or prescriber:

Child’s Name: _____

Name of Medication: _____

Dosage _____ Frequency _____

Time to be given during school hours: _____

Date of Prescription: _____ Date of Order: _____

Diagnosis: _____ Discontinuance Date: _____

Significate Side Effects (if any):

Re-evaluation date (if needed): _____

Other medication child is receiving: _____

Yes ___ No ___ This Medication must be administered during the school day
(between the hours of 8:00 a.m. and 4:00 p.m.) in order to allow the child to attend school.

Yes ___ No ___ This Medication may be administered by non-Medically trained
school staff/teachers.

Yes ___ No ___ Child may self-medicate

Physicians Signature

Date

Medication must be brought to school by the parent/guardian in a container appropriately labeled by the pharmacy or the physician/prescriber. Medication orders should be renewed annually for long-term medications and any changes should be reported in writing to the school principal.

EDC MEDICATION AUTHORIZATION FORM

PART II

Part II - to be completed by parent. Please **PRINT**.

Child's Name _____ Date of Birth: _____

Address: _____
Street City State

Home Phone: _____ Emergency Phone #: _____

Physician/Prescriber's Name: _____

Physician/Prescriber's Address: _____
Street

City State Phone

I hereby confirm that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize St. Mary Catholic School teachers or staff to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described in Part I of this form.

I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse and specifically consent to such practices.

I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the School district, its employees and agent arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the school district, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent Signature **Date**

FOR OFFICE USE ONLY:

Person obtaining permission by phone:

Person granting permission by phone: **Date** **Time**