



Extended DayCare Application

St. Eugene's Cathedral School
300 Farmers Lane, Santa Rosa, CA 95405
Day Care Phone #: (707) 578-0699
School Phone#: (707) 545-7252
School Fax #: (707) 545-2594

Please complete both sides of this form and return with the registration fee of \$25.00 per family.

1. _____
 Child's Name _____ Date of Birth _____ Grade _____

2. _____
 Child's Name _____ Date of Birth _____ Grade _____

3. _____
 Child's Name _____ Date of Birth _____ Grade _____

4. _____
 Child's Name _____ Date of Birth _____ Grade _____

Father's Name _____

Home Phone: _____ Pager # _____ Cell phone _____

Business Name: _____ Work Phone: _____

Mother's Name: _____

Home Phone: _____ Pager # _____ Cell phone: _____

Business Name: _____ Work Phone: _____

Person responsible for fees: _____ Phone: _____

My child/ children will require day care on a:

Regular basis _____ Drop in basis _____ Hrs. Needed _____, Morning time: _____ Afternoon time _____

DAYS OF THE WEEK SERVICES ARE REQUIRED: Mon. _____ Tues. _____ Wed. _____ Thurs _____ Fri. _____

LIST OF THE PEOPLE WHO MAY PICK UP YOUR CHILD(REN): CHILD(REN) WILL NOT BE ALLOWED TO LEAVE WITH ANY PERSON NOT ON THIS LIST:

_____	NAME	_____	PHONE#
_____	NAME	_____	PHONE#
_____	NAME	_____	PHONE#
_____	NAME	_____	PHONE#

MEDICAL RELEASE AND EMERGENCY INFORMATION FOR DAY CARE

Additional persons who may be called in case of an emergency:

Name	Address	Phone #
Name	Address	Phone #
Name	Address	Phone #

Physician's Name	Address	Phone #
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If physician cannot be reached, what action should be taken?

_____ Call emergency room at hospital _____ Other, explain: _____

CONSENT FOR MEDICAL AND DENTAL EMERGENCY TREATMENT

Pursuant to the provisions of Section 25.8 of the California Civil Code, I hereby authorize _____ and/or staff member at _____ as

Extended Daycare Director **St. Eugene's Extended Daycare**
agent(s) for my self to procure medical, hospital, or dental care for my child(ren) _____ in the event of injury or
child(ren) - grade(s)

illness while the child is in the care of the above named adults. I understand and agree that I am financially responsible for any care so procured.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, and it is given to provide my agent(s) with the authority to consent to such medical care, should it become necessary in an emergency.

Date	Signature of parent or guardian
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GENERAL INFORMATION:

Does your child have any allergies to food, pollens or insect bites? _____

Does your child take medication for asthma presently? _____, if yes, it is required that said medication be supplied to the day care center for emergencies.

Medical facts we should be aware of (explain) _____

Any information we should have regarding scheduling (leaving for sports, going with babysitter, etc.), behavior, (shyness etc.)? _____

Anything you would like us to know about your child? _____