



St. Anthony Catholic School and Extended Care Information

Faith+Family+Knowledge+Service

Family Name _____

PARENT INFORMATION 2026-2027

	Father	Mother
	Circle One: Dr. Mr.	Circle One: Dr. Mrs. Ms. Miss
Full Name		
Address		
Home Phone		
Cell Phone		
Email Address		
Occupation		
Employer		
Work Phone		

EMERGENCY CONTACT INFORMATION

Name of individual, other than parents, to contact in case of emergency. These people must be included on the authorized pick-up list.

	Contact 1	Contact 2
Full Name		
Relationship to student		
Home Phone		
Cell Phone		
Work Phone		

AUTHORIZED PICK-UP LIST

List all persons authorized to take your child from the program. Your child will only be released to individuals on the list.

	Full Name	Relationship to Student	Contact Number
1			
2			
3			
4			
5			

CUSTODY SITUATIONS

Both parents will be allowed to pick up their child at any time unless you provide legal documentation such as court orders explaining your custody arrangement. Please bring your most current documents to the office and we will copy the sections pertaining to custody. Documents from past school years need to be re-submitted.

CHILD INFORMATION

Please provide all the information for each child. Do not leave any blanks. If the answer is none, please write NA in the appropriate box.

	Student 1	Student 2	Student 3
Child's Name			
Grade			
Specific Allergies			
Any Medical Conditions			
Any Physical Restrictions			
Any Special Needs			
Any Medications			
Insurance Provider			
Policy Number			
Child's Doctor			
Phone Number (MD)			

MEDICAL RELEASE

St. Anthony Catholic School or Extended Care staff has my permission to evaluate simple injuries and apply first aid if necessary. (Initial) _____

In case of serious accident or illness, I request St. Anthony Catholic School or Extended Care to contact me. If they are unable to reach me, I hereby authorize them to call the physician, and to follow his/her instructions. (Initial) _____

In the event that St. Anthony Catholic School or Extended Care cannot reach me in an emergency, I give my permission to my child's physician, identified above, to render any medical service that may, in the sole discretion of the doctor, be necessary. (Initial) _____

In case of emergency if St. Anthony Catholic School or Extended Care is unable to reach me or my child's physician, staff has permission to authorize emergency treatment for my child and/or transportation by ambulance to the appropriate medical facility. I will not hold the program responsible for any charges that might occur. (Initial) _____

The information listed on this health information form is correct to the best of my knowledge, and the student described herein has permission to engage in all activities, except as noted on this form. (Initial) _____

St. Anthony Catholic School or Extended Care Program will not administer medication without first obtaining written approval from the parent/guardian. In cases where non-prescription or prescription medication is to be given for a short period of time (10 days or less), the medication should be sent in the original container along with a note authorizing the staff to allow this medication to be taken at specified times. (Initial) _____

Parent Signature: _____

Date _____

MEDICATION AUTHORIZATION AND RELEASE FOR EXTENDED CARE

Please complete this part only if child will require medication during the Extended Care program. All appropriate medical forms must be on file in the school office.

Child's Name:	Date of Birth:
Medication:	Dosage and Time:
Child has permission to self-administer asthma inhaler ☐ Yes ☐ No	

I hereby acknowledge 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. Anthony Extended Care staff to administer or to attempt to administer my child lawfully prescribed medication as prescribed by the physician. I will not hold the school, or school personnel liable for any adverse drug reactions when the medication is administered according to the prescribed methods. I agree to notify the school if my child's medication changes.

Parent Signature: _____ **Date** _____

PARENT RESPONSIBILITIES/AGREEMENTS FOR EXTENDED CARE

St. Anthony Extended Care will be open from the time school is dismissed until 6:00 p.m. to provide after school care for children enrolled at St. Anthony Catholic School. Any changes to accommodate the school schedule will be posted in the Bear Blast. (Initial)_____

I understand that the program closes at 6:00 p.m. and if my child is not picked up by this time, I owe a late fee of \$1 per child for every minute after 6:00 p.m. I am also aware that consistent late pick-ups may result in my child's expulsion from the program. (Initial) _____

I must maintain communication with the Coordinator about my child and keep her informed of any pertinent changes (Telephone, Address, Authorized Pick-Up, and Job). (Initial)_____

The Extended Care Program will be closed whenever St. Anthony Catholic School is closed. If school is cancelled due to weather while the children are in school, there will be no Extended Care on that day. Any changes to accommodate parents during extended breaks will be posted in the Bear Blast. (Initial)_____

I understand that I will receive a monthly bill based on the time that my child spent in Extended Care. I am also aware that failure to pay the fees may result in my child's expulsion from the program. (Initial)_____

I understand that my child will be signed in upon arrival. The adult picking up your child must enter the building and sign the "Sign Out" sheet. (Initial)_____

I understand that my child will be released ONLY to those listed and agree to amend my list as needed. I also understand that when my child has been released to one of the above-named people, his or her welfare is no longer the responsibility of the St. Anthony Extended Care program. (Initial) _____

A daily snack will be provided as part of the service. This can be juice, fruit, popcorn, cereal, or crackers, etc. (this will vary each day). If your child is allergic to any food, please be sure to note this on the information form. (Initial) _____

I will not hold St. Anthony Catholic School, St. Anthony Extended Care staff or representatives responsible for loss of personal property or for medical or dental expenses incurred as a result of participation; including liabilities, expenses or judgments, attorney's fees, or court costs, except claims caused by the gross negligence or willful misconduct of the supervising personnel. (Initial) _____

Parent Signature: _____ **Date** _____