

EXTENDED DAY REGISTRATION FORM

Saint Olaf Catholic School
1793 S. Orchard Drive
Bountiful, UT 84010
801/295-5341
LLC Series #239

Child's full name: _____ Birthday: _____ Age: _____
Child's full name: _____ Birthday: _____ Age: _____
Child's full name: _____ Birthday: _____ Age: _____

Home Address: _____

City: _____ UT Zip: _____ Phone 801/ _____

Father/Guardian Name _____
Employer _____ Business Phone 801/ _____
Cell Phone 801/ _____

Mother/Guardian Name _____
Employer _____ Business Phone 801/ _____
Cell Phone 801/ _____

Child(ren)'s Physician _____ Phone 801/ _____

Family Insurance: _____ Policy Number: _____

Describe any physical problems or medical problems of your child(ren), i.e. asthma, allergies, respiratory illness, diabetes, etc.: _____

Give instruction for the care of the above mentioned problems: _____

Persons who may be called in case of illness/emergency if parent cannot be reached:

Name: _____ Relationship: _____ Phone 801/ _____
Name: _____ Relationship: _____ Phone 801/ _____

In case of emergency or serious illness, when the parents cannot be reached immediately, I hereby authorize the Extended Day Program Personnel to obtain emergency medical care, i.e. physician, dentist, paramedics, or other authorized emergency agents and to obtain or provide emergency medical transportation.

Signature of Parent/Guardian

Persons designated to pick up child(ren):

Name: _____ Relationship: _____ Phone 801/ _____
Name: _____ Relationship: _____ Phone 801/ _____
Name: _____ Relationship: _____ Phone 801/ _____