



St. John Bosco School

5630 W. Commerce Street
San Antonio, Texas 78237

2017 Summer Child Care Registration and Emergency Form

Registration Fee: \$25.00 (Non-refundable)

Check only the weeks your child will be attending:

Week(s) available for: 3k; 4k; 5k

June: 5 – 9 12 – 16 19 – 23 26 – 30

July: 3 – 7* 10 – 14 17 – 21

**(Tuesday, July 4th – HOLIDAY / No Summer Child Care)*

Student Information:

Student: _____ Birth Date: _____ Grade: _____
(2016-2017)
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____

Rank among siblings: _____ Primary Language spoken at home: _____

Student Living with: Two Natural Parents Mother & Stepfather Father & Stepmother Grandparent(s)
 Mother Father Guardian Other: _____

PARENT/GUARDIAN INFORMATION:

Father/Guardian: _____ Social Security Number: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Work Phone #: _____ Home Phone #: _____

Cell Phone #: _____ Email: _____

Employer: _____ Position/Department: _____

Mother/Guardian: _____ Social Security Number: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Work Phone #: _____ Home Phone #: _____

Cell Phone #: _____ Email: _____

Employer: _____ Position/Department: _____

EMERGENCY INFORMATION: (Who do you want contacted in case of an emergency?)

Relationship	Name	Home	Phone Numbers		
			Work	Cell	Other
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Names of all Brothers and Sisters at Summer Child Care:

Student Name	Grade as of 2016 – 2017	Date of Birth	Rank among siblings	Grade entering in August

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(Please print clearly or type / ALL INFORMATION MUST BE COMPLETED)

Particular Health Problems:

- _____
- _____
- _____

Medications taken regularly:

- _____
- _____
- _____

Medication to which the child is allergic:

- _____
- _____
- _____

△ Please notify the office should this information change.

△ **St. John Bosco School does not assume any financial obligation for any emergency care.**

Required Information: In case of accident or serious illness, I request St. John Bosco School (SJB) to contact me. If SJB is unable to reach me, I hereby authorize SJB to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, SJB may make whatever arrangements it deems necessary. I understand I am responsible for providing and maintaining this information current at all times for the safety and welfare of my child(ren). I will promptly contact the SJB office regarding any changes or updates to this emergency information and request and complete the required Change of Emergency Information form.

Physician: _____ Phone #: _____
Hospital: _____

PERMISSION

I hereby grant permission to use my child's picture, or photograph for advertising prep brochure and prep news.

Parent/Guardian Name: _____

Signature

Date