

Saint Lawrence Catholic School OST Enrollment Form

For Office Use Only: Admission Date: _____ Termination Date: _____

Child's Full Name: _____ Sex: _____ Age: _____ Birthdate: _____ Grade: _____

Address: _____

Phone: _____ Child's Physician and Phone #: _____

Allergies: _____

Does your child take medications: Y/N Will your child need to take medication during OST? Y/N

List medications taken, dosages and health condition: _____

Explain any behavior, health or medication concerns our staff should be aware of:

Mother's Name: _____ Employer: _____

Work Phone #: _____ Cell Phone #: _____ Email: _____

Father's Name: _____ Employer: _____

Work Phone #: _____ Cell Phone #: _____ Email: _____

Child lives with: _____ Parents _____ Mom only _____ Dad only _____ Mom/Stepdad _____ Dad/Stepmom _____ Other

Are there custody issues that our staff should be aware of? Please explain:

Local Emergency Contacts (not those listed above):

1. Name: _____ phone #: _____ relationship _____

2. Name: _____ phone #: _____ relationship _____

Individuals Authorized to Pick Up Your Child:

Authorizations and Release of Information

- Picture Release – I DO / I DO NOT** (circle one) give permission to have my child's photo and name appear in any media coverage approved by the OST Program. This includes social media, newspapers and program materials.
- Travel – I DO / I DO NOT** (circle one) give permission for my child to leave the OST Program for trips on foot, in a car, by school transportation or on public transportation, to special places, walks to the park, field trips, etc. I understand that I will be notified well in advance of each outing. Each child riding in an automobile will be secured in a seat belt.
- Communication – I DO / I DO NOT** (circle one) give permission for program staff to communicate with my child's classroom teacher on developing appropriate OST activities.
- Swimming – I DO / I DO NOT** (circle one) give permission for my child to swim with the OST Program. I realize they will be under contact supervision by certified lifeguards during this time.
 - My child **DOES / DOES NOT** (circle one) need to wear a life jacket while swimming.
 - My child **DOES / DOES NOT** (circle one) have a membership to Unity Square. Membership # _____

*****PARENT SIGNATURE REQUIRED ON BACK*****

5. **Emergency Medical Consent** – In the event that my child may require medical and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent to medical and/or surgical treatment to Milbank Area Hospital and the child’s physician to provide this care. I agree to pay all costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent. (Every effort will be made to contact parent or guardian in cases of an emergency.)

Parent Signature: _____ Date: _____

***I have reviewed and updated any changes. (This area will be filled out each consecutive year that your child is enrolled in St. Lawrence OST.)**

Initials: _____ Date: _____

Initials: _____ Date: _____

Initials: _____ Date: _____

Initials: _____ Date: _____

Initials: _____ Date: _____

Initials: _____ Date: _____