

**2009-2010**  
**Cardinal Shehan School Child Care**  
**Registration Form**

<i>Child's Last Name</i>	<i>First Name</i>	<i>D.O.Birth</i>	<i>Sex</i>	<i>Entering Grade</i>	<i>Attendance</i>
_____	_____	_____	___	_____	<i>M T W Th F</i>
_____	_____	_____	___	_____	<i>M T W Th F</i>

*Sessions Attending:* \_\_\_ *Before Care (7:00-8:00 a.m.)* \_\_\_ *After Care (3:00-6:00 p.m.)*  
 \_\_\_ *Both Before and After Care (7:00-8:00 a.m. and 3:00-6:00 p.m.)*

*Child's Address* \_\_\_\_\_  
*Home Tel. No.* \_\_\_\_\_

*Bill Payer's Name* \_\_\_\_\_  
*Address* \_\_\_\_\_  
*Daytime Tel. No.* \_\_\_\_\_

*Parent/Guardian's Name* \_\_\_\_\_  
*Address* \_\_\_\_\_  
*Daytime Tel. No.* \_\_\_\_\_

*Is this child on any medication?* \_\_\_ *Yes* \_\_\_ *No*  
*If yes, please explain* \_\_\_\_\_  
 \_\_\_\_\_

*Does this child have any allergies (food, medication, etc.)* \_\_\_\_\_  
 \_\_\_\_\_

*Does your child have any specific illness, disability or limiting conditions?* \_\_\_ *Yes* \_\_\_ *No*  
*If yes, please explain* \_\_\_\_\_  
 \_\_\_\_\_

*In an emergency, contact (please provide two)*

<i>Name</i>	<i>Tel. No.</i>	<i>Relationship to the child</i>
_____	_____	_____
_____	_____	_____

*Specific information that we should be aware of* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Signature* \_\_\_\_\_  
*Date*

***Please include your registration fee of \$60 per child with this form.***