

St. Leonard Community School
AFTER SCHOOL CARE REGISTRATION

STUDENT INFORMATION

Name of Student:		
Date of birth:	Current Grade:	Student Goes By:
Current address:		
City:	State:	ZIP Code:
Male () Female ()		

PARENT/GURADIAN INFORMATION

Parent's Name:		
Address:		
City:	State:	Zip Code:
Cell Phone:	Email:	
Employer:		
Address:		
City:	State:	Zip Code:
Position:	Hourly Salary (Please circle)	

PARENT/GUARDIAN INFORMATION

Parent's Name:		
Address:		
City:	State:	ZIP Code:
Cell Phone:	Email:	
Employer		
Address:		
City:	State:	ZIP Code:
Position	Hourly Salary (Please circle)	

EMERGENCY INFORMATION

Physician's name:	
Address:	Phone:
Preferred Hospital:	
Allergies (food and drug)	
Special Medical concerns:	
The below individuals have permission to make medical decisions on my behalf and are authorized to pick up my student if they become ill or injured at school and I cannot be reached:	
1.	Phone:
2.	Phone:
3.	Phone:

PARENT SIGNATURE:	DATE:
Name of a relative not residing with you:	
Address:	Phone:
City:	State: ZIP Code:

PARENT SIGNATURE: _____ DATE: _____

*** THERE IS A \$10 NON-REFUNDABLE REGISTRATION FEE DUE AT THE TIME OF REGISTRATION

Circle the day(s) you need care:	2, 3, 4, 5 Days
Monday Tuesday Wednesday	Thursday Friday

St. Leonard After School

Photo Release Form:

Please check below, the options that you have chosen and sign and date the bottom of the page.



I hereby grant St. Leonard teachers and staff permission to publish photographs of my child in school publications and/or on the school website and social media sites including, but not limited to Facebook, Twitter and Instagram and St. Leonard website.



I decline to have my child's photo displayed on social media sites including the school website, St. Leonard page, Facebook, Twitter and Instagram. By signing below, I acknowledge my understanding of the above and hereby give permission to St. Leonard to use any and all photographs taken of my son/daughter for use in school publications and/or postings to the agency website and social media sites. I hereby waive any rights or interests that I might have in any or all such images.

OR

Child's Name:

Parent/Guardian's Signature :

Date:

St. Leonard After School Program

On Site Field Trip Permission Form

I give permission for St. Leonard Summer Camp to allow my child to participate in group walks and groups activities on the parish grounds and on the surrounding neighborhood sidewalks. I understand that it will be at the discretion of the staff when these walks and activities take place. Guidelines for these walks include that child-teacher ratios are always enforced and that no class will leave the grounds with less than two adults. This completed form will allow your child to take part in these excursions.

Child's Name :

I give permission for my child to participate in these walks and groups activities with his/her class.

Parent/Guardian Signature :

Email :

Places:

Entire St. Leonard Church/School building and property parking lots: by gym and in front and beside elementary wing of school. Also includes field located across from the parish business office.

Weekly Scheduled Activities:

Gym, Library, Computer Lab, Science Lab, Church, Music Room, Art Room and Front Office.