

**FAMILY LAST NAME**  
(to be completed by administrator)



**ST MATTHEW PARISH FOR FATHER ALLOUEZ CATHOLICE SCHOOL  
AFTER-SCHOOL PROGRAM REGISTRATION AND EMERGENCY  
INFORMATION 2022 – 2023 School Year**

**Child(ren) Information**

Name (Last, First, MI)	Home Address (Street, City, Zip)	Home Phone #	Birth date (m/d/yr)	Grade Aug. '22	Age as of Aug. 2022	Teacher Name
1)						
2)						
3)						
4)						

**Parents or Guardian**

	Name (Last, First, MI)	Home Address (Street, City, Zip) *if different from child	Home Phone#	Work Place Name and Address	Work Phone #	Authorized to Pick Up (Y/N)
Mother						
Father						
Guardian						

**\*REQUIRED – Email addresses for all parents/guardians (please print clearly):**

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Parent's Marital Status**  Married  Single  Divorced  Separated  Spouse Deceased

Note any custody arrangements or restrictions (Attach court order if applicable)

**Persons Authorized to Pick Up Child(ren) other than parents/guardian**

Name (Last, First, MI)	Home Address (Street, City, Zip)	Home Phone #	Work Phone #

**Emergency Contact** (person to contact when mother, father or guardian cannot be reached)

Relationship to Child	Name (Last, First)	Home Address (Street, City, Zip)	Home Phone #	Work Place Name and Address	Work Phone #	Authorized to Pick Up (Y/N)

CHILD CARE OPTION (Mark with an x under each child)	Days of the week (Mark with child number; use an x if the same for all children)	Days of the week					Child #1	Child #2	Child #3	Child #4	Expected Pickup Time From After Care
		Mon	Tues	Wed	Thurs	Fri					
After school	3:00 – 4:00										
After school	3:00 – 4:30										
After school	3:00 – 6:00										
Early dismissal option	11:15 – 3:00										
	11:15 – 6:00										

\*Although you may pick up your child(ren) anytime during your selected care times, we are asking for the expected times to help in the planning process.

**REGISTRATION FEE IS \$35/CHILD OR \$50/FAMILY AND MUST ACCOMPANY THE REGISTRATION FORM.  
PLEASE MAKE CHECKS PAYABLE TO: ST. MATTHEW.  
IF REGISTRATION FEE IS NOT ATTACHED, YOU WILL BE INVOICED.**

**HEALTH HISTORY RECORD**

**St Matthew Parish for Father Allouez Catholic School After-school Program**

*\*Please note that St. Matthew Parish does not have access to FACS records. Although you were asked to provide this information on school registration forms, it is important that we are also made aware of your child/rens health history in the event of an emergency.*

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone number of Doctor \_\_\_\_\_

Family medical/hospital insurance carrier \_\_\_\_\_ Policy/Group # \_\_\_\_\_

**Part I: Illness and injuries (check those that apply)**

- |   |  |                                       |                                   |  |
|---|--|---------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Ear infection        | <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Asthma   | <input type="checkbox"/> Hypotension     |
| <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Musculoskeletal Disorders   | <input type="checkbox"/> Seizures     | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hypoglycemia    |
|   |  |                                       |                                   | <input type="checkbox"/> Other (specify) |

Date of last health examination: \_\_\_\_\_

Were any complicating medical problems noted in last health examination? \_\_\_\_\_  
Include complete explanations on reverse side.

**Part II: Allergies (check those that apply and specify nature of allergic reaction)**

- |   |   |
|---|---|
| <input type="checkbox"/> Animals<br>_____         | <input type="checkbox"/> Hay Fever<br>_____     |
| <input type="checkbox"/> Pollen<br>_____          | <input type="checkbox"/> Food<br>_____          |
| <input type="checkbox"/> Medicines/Drugs<br>_____ | <input type="checkbox"/> Insect stings<br>_____ |
| <input type="checkbox"/> Plants                   | <input type="checkbox"/> Other (specify)        |

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**Part III: Other health conditions** (check those that apply)

Emotional/Behavioral Disorder     Hearing impairment

**Disorder**

Fainting

Special dietary regime

Nosebleeds

Wears glasses or contacts

Other (specify)

Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also, indicate any activities to be encouraged or to be restricted. Indicate when to call parents regarding specific symptoms.

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**I (We) hereby give consent for emergency medical care or treatment to be used only if I (we) cannot be reached immediately.**

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

**Printed Name:** \_\_\_\_\_

**Parent/Guardian Day Time Phone Number** \_\_\_\_\_

**Cell Phone Number** \_\_\_\_\_

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

**Printed Name:** \_\_\_\_\_

**Parent/Guardian Day Time Phone Number** \_\_\_\_\_

**Cell Phone Number** \_\_\_\_\_

## St. Matthew Parish After School Care

### PARENT AGREEMENT/ HANDBOOK ACKNOWLEDGEMENT and 4-DIGIT CODE

I have read the St Matthew Parish Parent Handbook (available on the FASC website) for the Father Allouez Catholic School After-school Program.

All parents or legal guardians must sign acknowledgement:

\_\_\_\_\_  
Parent/legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/legal guardian

\_\_\_\_\_  
Date

\*\*\*\*\*

**A unique 4-digit code is required for your family. This will allow parents/guardian to enter the After-School Child Care entrance door. Please do not share this number with your child(ren).**

Please choose a 4-digit code for all parents/guardians to use:

\_\_\_\_\_ #

**(note: DO NOT choose numbers in succession or four of the same numbers)**

## **St. Matthew Parish After School Care**

### **INCLEMENT WEATHER ACKNOWLEDGEMENT**

The St Matthew Parish for the Father Allouez Catholic School After-school Program is not set up to run on:

Early release days due to inclement weather.

~AND~

Snow days where school is determined to be closed.

Please make sure you have other childcare arrangements made for these days.

All parents or legal guardians must sign acknowledgement:

\_\_\_\_\_

Parent/legal guardian

Date

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Parent/legal guardian

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Date