

Name of Person(s) responsible for paying daycare fees and tuition:

Children in Sacred Heart School Daycare Program:

Name _____ Grade _____

Name _____ Grade _____

In case of accident or illness when parents cannot be reached:

(a) Do you authorize the school/daycare to act if medical services seem necessary? Yes _____ No _____

(b) Do you authorize the school/daycare to call for medical transportation if necessary? Yes _____ No _____

(c) If your child has a medical condition the school/daycare should know about, please explain.

Allergies/Additional Information: _____

All medications taken during school/daycare hours requires an "Authorization for Medication Administration" to be filled out by the parent/guardian.

(a) Please list names of relative or friend to whom your child may be picked up by if parents cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Doctor's name & phone # _____

Dentist's name & Phone # _____

Insurance Company: _____ Policy Number: _____

Name/Names: _____

Your student(s) Name(s)

- My children have permission to participate in daycare sponsored field trips during the current year by walking, bus: under required supervision. Notice will be given.
- **Please note Field Trip participation is based on Directors discretion.**
- Child must arrive at least 30 mins before the scheduled leaving time for field trip, No last minute arrivals are permitted.

Your child may bring a bike, scooter, electronic items or toys to daycare to use during the day at schedule times. Children must wear a helmet when riding a bike or a scooter.

Cell phones are not allowed. Children can use our school phone to contact parent. Any questions on this please talk with Staff. **Please be aware that Sacred Heart School/Daycare is not responsible for loss or damage of any of these items.**

Signature of Parent

Date

Non-Emergency Pick-up

Additional Names of Person's who have permission to pick-up your child from school:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Comments about your child:

I give Sacred Heart Catholic School/Daycare permission to apply sunscreen that I have provided for my child.

Swimming Consent Form

In order for your child to swim **without** a life jacket your child must meet these State requirements;

“Beginning Swimmer” means a child who has mastered the skills

Required to:

- Hold his breath with head submerged;
- Perform a front and back float;
- Perform the flutter kick on this front and back;
- Be able to level off from a vertical entry into a float Position
- Do a combined stroke (front or back) for at least

Signature of Parent: _____ Date: _____