

**\*ASB Extended Care \***

6220 32<sup>nd</sup> Ave N.E., Seattle, WA 98115  
(206) 524-7452 Ext. 39

Grades K - 6  
ASB Extended Care Registration Form  
2009-2010

Child(ren)'s Name(s) and grade(s) entering: \_\_\_\_\_

\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Phone: H \_\_\_\_\_ Phone: H \_\_\_\_\_

W \_\_\_\_\_ W \_\_\_\_\_

Cell \_\_\_\_\_ Cell \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

People who may pick-up your child(ren):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*In the event of an emergency, or your child becomes ill at Extended Care, it is imperative we have up to date information so that you can be notified and arrangements can be made. You will be called first, and only if you cannot be reached will other steps be taken.**

**AUTHORIZATIONS:**

I hereby authorize the staff of Assumption-St. Bridget's Extended Care to take the steps indicated in case of injury or illness to my child.

\_\_\_\_\_  
Signature of parent or legal guardian

I hereby give permission for my child to receive **Tylenol** [ ] **Ibuprofen** [ ] **Benadryl** [ ] (or family provided medicine with instructions) at Extended Care when necessary.

\_\_\_\_\_  
Signature of parent or legal guardian

**Please send in \$55.00 registration fee, *per family*, with both sides of this form completed.**

Emergency Contacts: (Used in case you cannot be reached)

Emergency Name 1 \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Name 2 \_\_\_\_\_ Phone \_\_\_\_\_

Student's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Student's Dentist/Orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any special medical needs (i.e. asthma, allergies to bee stings, foods) or physical limitations or medication taken for this limitation that the staff should know about your child?

\_\_\_\_\_  
\_\_\_\_\_

**ALL FAMILIES:**

BELOW IS OUR EXTENDED CARE NATURAL DISASTER PLAN RELEASE FORM.  
PLEASE FILL OUT COMPLETELY. ONLY NAMES LISTED BELOW WILL BE ABLE TO PICK UP YOUR CHILDREN IN THE EVENT OF AN EMERGENCY.

FOR SCHOOL NATURAL DISASTER PLAN: (The teacher will cut off and place in earthquake/emergency kits.)  
(must be completed in full)

Student Name(s) \_\_\_\_\_ Grade(s) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Days of Week \_\_\_\_\_

Address \_\_\_\_\_ Home/Daytime Phone Numbers \_\_\_\_\_

(For parents separated)

**Other** Parent/Guardian \_\_\_\_\_ Days of Week \_\_\_\_\_

Address \_\_\_\_\_ Home/Daytime Phone Numbers \_\_\_\_\_

Student Health Information (Allergies, Asthma)

\_\_\_\_\_

Assumption Siblings and Grades

\_\_\_\_\_

\*My son/daughter may be released to the following people in an emergency:

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**\*This form** will accompany your child in the event of an emergency, and it **will be given to the released adult.**

My son/daughter may not be released to: \_\_\_\_\_