

St. Andrew Academy Preschool/After School Care
7724 Columbine Drive Louisville, Kentucky 40258
(502) 935-4578 Preschool Ex. 239 ASC Ex. 255

Registration Form

Registration Date: _____

Child Information:

Last Name: _____ First Name: _____

D.O.B: _____ Current Age: _____ Sex: _____

Parent/Guardian (Custodial parent) Information:

Last Name: _____ First Name: _____

Address: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____

E-Mail Address:

Place of Employment:

Parent/Guardian (Custodial parent) Information:

Last Name: _____ First Name: _____

Address: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____

E-Mail Address:

Place of Employment:

Access/Escort Authorization Form

Each person listed below must have a driver’s license number or security number on file to be allowed to access/escort the child listed below.

Child’s Name: _____ D.O.B: _____

As the custodial parents or guardians, I understand that St. Andrew Academy Preschool/After Care program may request identification before allowing me access/escort of my child. This may occur when a new employee is providing care for your child.

LICENSE #: _____

Parent Name

Work Phone: _____ Cell Phone: _____

LICENSE #: _____

Parent Name

Work Phone: _____ Cell Phone: _____

The person(s) listed below have my authorization to escort my child from the St. Andrew Academy /Preschool/After Care program. I will inform the Director or staff member each time a special escort is necessary. In case of an emergency, St. Andrew Academy Preschool & After Care program is authorized to contact the person(s) listed below.

LICENSE #: _____

Escort Name Relationship

LICENSE #: _____

Escort Name Relationship

LICENSE #: _____

Escort Name Relationship

LICENSE #: _____

Escort Name Relationship

The Person(s) listed below are NOT allowed to access/escort my child

LICENSE #: _____

Name Relationship

LICENSE #: _____

Name Relationship

In the case of a biological parent being on the “NOT ALLOWED” access/escort list, St. Andrew Academy Preschool/After Care program must have legal documents on file, or we cannot deny the biological parent access to the child.

Parent Signature: _____ Date: _____

Any Additional Emergency Escorts

Name Relationship to Child

Home Address Home Phone Cell Phone

Name Relationship to Child

Home Address Home Phone Cell Phone

Parental Emergency Medical Consent Form

This form must be presented upon admission for treatment>

Consent to Seek Medical Treatment

Childs Name _____ Birthdate: _____

In the event that my child (listed above) may require emergency medical care, I hereby give permission for Saint Andrew Academy Preschool/After School Care to seek emergency medical treatment for my child.

Preferred hospital: _____

My child's primary physician is _____ at _____

Address _____ Phone # _____

I agree to pay all the costs and fees contingent on any emergency medical and/or treatment for my child as secured or authorized in case of an emergency.

Child's Allergies: _____

Other Medical Concerns: _____

Routine Medications: _____

Last Tetanus Shot: _____ Medical Insurance Company: _____

Group Number: _____ ID Number: _____

This consent will be in effect beginning (date) _____ and continuing while the child is enrolled in the St. Andrew Academy Preschool/After Care Program.

Parent/Guardian Signature

Date

Emergency Medication Administration Form

****For Students with medication like Epi Pens and inhalers etc****

Child's Name: _____ D.O.B: _____

Parent Name: _____

Home Address _____ Home Phone _____

Health Insurance Provider _____ Group Number _____ ID Number _____

Child's Prescribing Physician _____ Office _____ Phone Number _____

Parent/Guardian Signature _____ Date _____

To be completed by Prescribing Physician

PLEASE PRINT INFORMATION AND INSTRUCTIONS for administration of specified EMERGENCY medications for above child.

Child's condition/illness _____

Medication to be administered _____

Dosage amount _____ times of day _____

Instructions on how to administer specified medication: _____

Prescribing Physician's Signature _____ Date _____

The above signatures agree that permission is given for St. Andrew Academy Preschool & After Care Program personnel to administer the above emergency medication in the case of a life-threatening condition occurring while attending St. Andrew Academy's Programs.

Preschool/After School Care Program Enrollment Contract

Both parties, St. Andrew Academy Preschool / After School Care Program and parents, understand and agree that:

1. This agreement is a contract binding for both operator and parent.
2. I understand that I am enrolling my child _____ for the current school year. He/She will attend M TU W TH F (circle)
3. The program staff will assume full responsibility for my child from the time he/she arrives at the program until my child is signed out when he/she leaves the parent.
4. If a medical emergency arises, the program staff will first attempt to contact me. If I cannot be reached, the staff will contact the next person on the enrollment form. If the emergency is such that immediate hospital attention is necessary, an ambulance or emergency vehicle may take my child to the hospital.
5. This contract may be terminated by either the parent or the program upon written notification or intention at least 30 days in advance or at any time by mutual agreement by both parties.
6. By signing this form, I hereby state that I have received the parent handbook given by St. Andrew Academy Preschool or After School Care Program and abide by the rules and policies therein. I give my child permission to participate fully in this program.
7. The St. Andrew Academy Preschool or After School Care Program parent handbook is not inclusive in all situations. Any changes in policy will be published and made available to all families.

I agree to adhere to the stated policies and procedures of the Preschool or After School Care Program as stated here and in the Parent Handbook, and give my child permission to participate fully in this program.

Signature of Parent or Guardian

Date

Submit this completed statement accompanied by the completed enrollment forms to the Director