

ST. MARY'S VISITATION

Catholic School | Elm Grove, WI

After School Care Program

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Mother/Guardian: _____ Cell Phone: _____

Work Phone: _____ Home Phone: _____

Father/Guardian: _____ Work Phone: _____

Cell Phone: _____ Home Phone: _____

Main Family email address: _____

Emergency Information

Emergency Contact (other than parents): _____

Phone: _____ Relationship to Child: _____

Family Physician: _____ Phone Number: _____

In the event of an emergency, I consent to have my child given emergency care or medical treatment as needed until I can be reached. I will be responsible for medical costs incurred in the event of an accidental injury.

Signature of Parent or Guardian: _____

Important Information

My child is allergic to: _____

In the case of an allergic reaction, please provide the following aid: (epi-pen, etc.):

Other physical conditions: _____
