



# Registration Form

1003 East Victory Drive | Savannah, GA 31405 | (912) 356-6986

## Child's Information

Child's Full Name		Grade Entering				
Please check ONE		<input type="checkbox"/> monthly	<input type="checkbox"/> drop-in	<input type="checkbox"/> morning-only	<input type="checkbox"/> picked up by 3:45pm	<input type="checkbox"/> I work at BSS
Date of Birth						

**Parent/Guardian and Medical Information:** In the event of an emergency, please number, in order of priority (1-6), which phone number you would like EDP to try first (1) to last (6).

Parent/Guardian Name	Relationship	Cell Phone	Priority	
Address				
City	State	Zip	Home Phone	Priority
Place of Employment			Work Phone	Priority
Email	<b>EDP will use the email on file with RenWeb</b>			

Parent/Guardian Name	Relationship	Cell Phone	Priority	
Address				
City	State	Zip	Home Phone	Priority
Place of Employment			Work Phone	Priority
Email	<b>EDP will use the email on file with RenWeb</b>			

Doctor's name	Doctors Phone
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If child does not live with both parents, please specify living and custody arrangements.


**Emergency names, address, and phone numbers of TWO people to be called in the event that we cannot reach either parent/guardian:**

**Emergency Contacts will automatically be added on the students authorized pick-up list.**

Emergency Contact Name		Relationship	Cell Phone
Address			
City	State	Zip	Work Phone

Emergency Contact Name		Relationship	Cell Phone
Address			
City	State	Zip	Work Phone

- Please only write down three consistent adults who will be picking up your child. In the event it is someone different please email or call the EDP office.

Person(s) authorized to pick up your child: \_\_\_\_\_ Relationship \_\_\_\_\_

Person(s) authorized to pick up your child: \_\_\_\_\_ Relationship \_\_\_\_\_

Person(s) authorized to pick up your child: \_\_\_\_\_ Relationship \_\_\_\_\_

\*Person(s) NOT authorized to pick up your child: \_\_\_\_\_ Relationship \_\_\_\_\_

\*Person(s) NOT authorized to pick up your child: \_\_\_\_\_ Relationship \_\_\_\_\_

\*Person(s) NOT authorized to pick up your child: \_\_\_\_\_ Relationship \_\_\_\_\_

### **Medical Information**

Allergies or intolerance to food, medication, or any other substance:
If an allergic reaction occurs, please list or attach to this form a plan of action.
Chronic physical problems, pertinent developmental information, any special accommodations needed:
<i>For special accommodations, or to share important information about your child, please contact Director for a meeting.</i>

Does your child take medications or vitamins on doctor's orders? \_\_\_\_\_

Please specify \_\_\_\_\_

**If EDP is to administer medications during the day, emergency, or routine, please notify the Director.**

- Medical form must be on file in the office for any medication to be given
- If there are any medical changes throughout the school year the Director must be aware.

**Please read carefully each of the following statements, then sign and date where indicated.**

- ☐ A. I acknowledge and understand that it is the policy of EDP not to allow my child to enter or leave the school unless escorted by an adult. I agree that when delivering my child to the school I or the person I have authorized to drop off my child will personally deliver my child to his/her counselor or the staff person in charge. I further agree when picking up my child I or the person I have authorized to pick up my child will personally come into the school and receive my child from his/her counselor by completing the appropriate check-out procedure. At no time will I leave or pick up my child without first making his/her presence known to the school's staff. I am aware that failure to abide by EDP's sign-out policy could result in being asked to leave the program.
- ☐ B. I acknowledge and agree to notify the director in writing immediately of any changes that occur in the information provided on this form, including work and home address, phone numbers, physician name, change in living arrangements, change in health information, emergency contacts, unauthorized persons to pick up your child.
- ☐ C. In case of an emergency, if medical attention is required for my child before I can be contacted, I authorize the school to act on my behalf by contacting medical emergency personnel and following their advice for my child.
- ☐ D. I give my child permission to go to Daffin and Theus (Circle) Park with his/her group only when accompanied by his/her counselors.
- ☐ E. I give my child permission to go to Blessed Sacrament's Parish Center for special events and activities.

### **Blessed Sacrament School's Extended Day Agreement**

**My child \_\_\_\_\_ will be attending Blessed Sacrament Schools' Extended Day Program on a monthly, drop-in, only mornings, picked up by 3:45pm, or I work at BSS basis. (Please circle ONE)**

I agree to pay the fees associated with the service that I have indicated above. **If I decide to change my status, I must notify the director 30 days in advance in writing.** I understand that monthly fees will be automatically withdrawn from your account via FACTS on the 15<sup>th</sup> of each month. I understand that drop-in charges will be billed on the 15<sup>th</sup> and 30<sup>th</sup> and withdrawn on the 7<sup>th</sup> and 20<sup>th</sup> via FACTS. **I understand that after 6:00pm I will be charged \$1.00/minute until 6:10pm and then \$5.00/minute afterwards until your child is picked up. Payment for late fees will be added into your EDP charge that is deducted from your FACTS account.**

- ☐ I acknowledge and accept the terms and fees outlined in the Blessed Sacrament Extended Day Program agreement.
- ☐ I understand that my child's EDP registration will not be deemed completed and therefore will not be accepted without this electronic acknowledgment and acceptance.

Signature of Parent/Guardian

Date

