



St. Agatha Academy

**Extended Day Enrichment Program  
Application and Emergency Information Form**

Child's Name: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

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

Child's Address (if different): \_\_\_\_\_

In order to best serve each student, please list all physical, cognitive, medical, emotional, learning needs, food allergies, or anything else you would like for us to know: \_\_\_\_\_

\_\_\_\_\_

Please submit the required forms and appropriate registration fee(s) to the Saint Agatha Academy Extended Day Director: \$25 per child, maximum of \$40 per household.

Please write in your child(ren)'s name and circle the appropriate days for each child registering for SAA After-Care:

Child's Name	1 day/ week	2 days/ week	3 days/ week	4 days/ week	5 days/ week
	M, T, W, R, F	M, T, W, R, F	M, T, W, R, F	M, T, W, R, F	M-F
	M, T, W, R, F	M, T, W, R, F	M, T, W, R, F	M, T, W, R, F	M-F
	M, T, W, R, F	M, T, W, R, F	M, T, W, R, F	M, T, W, R, F	M-F
	M, T, W, R, F	M, T, W, R, F	M, T, W, R, F	M, T, W, R, F	M-F

**Emergency Contact and Medical Information for a Child**

<hr/> Child's Name	<hr/> Date of Birth		M	F	
				Sex	
<hr/> Parent's/Guardian's Name	<hr/> Parent's/Guardian's Name				
( )	( )	( )	( )		
<hr/> Home Phone	<hr/> Work and/or Cell Phone	<hr/> Home Phone	<hr/> Work and/or Cell Phone		
<hr/> Address	<hr/> Address				
<hr/> City, ST ZIP Code	<hr/> City, ST ZIP Code				
<hr/> Place of Employment:	<hr/> Place of Employment:				

**Alternative Emergency Contacts**

<hr/> Primary Emergency Contact	<hr/> Secondary Emergency Contact
( )	( )
<hr/> Home Phone	<hr/> Home Phone
<hr/> Work and/or Cell Phone	<hr/> Work and/or Cell Phone
<hr/> Address	<hr/> Address
<hr/> City, ST ZIP Code	<hr/> City, ST ZIP Code

**Medical Information**

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Hospital/Clinic Preference

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<hr/> Physician's Name	<hr/> Phone Number
<hr/> Insurance Company	<hr/> Policy Number

I attest that my child's immunizations are current as required by the Department of Health and the State of Kentucky. In case of an emergency, I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. I release Saint Agatha Academy and all of its staff and individuals from liability in case of accident during activities related to SAA and extended day programming. I have read all of the information contained within and agree to the release agreement.

<hr/> Parent's/Guardian's Signature	<hr/> Date
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