

Learning Disabilities (please explain) _____

Allergies (please explain) _____

Emergency Contact Person _____ Contact Phone # _____

Emergency Physician _____ Physician Phone # _____

Hospital Preference _____

I give permission for the following people to sign out and pick up my child(ren):

Name _____ Relationship _____

Address _____ Phone # _____

Name _____ Relationship _____

Address _____ Phone # _____

Name _____ Relationship _____

Address _____ Phone # _____

_____ **Emergency Medical Authorization:** In the event reasonable attempt to contact me and the emergency physician listed above have been unsuccessful, I hereby give my consent to the administration of emergency medical treatment by any licensed physician or dentist and to transport my child(ren) to any reasonably accessible hospital facility.

_____ **My child(ren)'s photograph(s) may appear on Holy Family's Website.**

_____ **My child(ren) may participate in field trips and/or outside activities off Holy Family's grounds. (There will be separate prior notification before each trip.)**

Parent/Guardian Authorizing Signature _____

Please Type your if you are submitting electronically, your submission is considered your signature

Date _____

Office Use Only

Fees \$25.00 single child or \$50.00 for family of two or more

Registration Fee of \$ _____ Deposit # _____ _____ Ck _____ Cash

Received by _____

Registration Fee was not paid today _____