



# St. Nicholas Summer Daycare Program

## SESSION TWO REGISTRATION FORM 2019

Kindergarten – Grade 8

(Please Print)

Student's Name \_\_\_\_\_  
Last First Middle Initial

Grade Entering in Fall 2019 \_\_\_\_\_ School Attending in Fall 2019 \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

### SESSION TWO July 29 – Aug. 16, 2019

- Supervised Daycare is available from 8:00 a.m. – 4:00 p.m.
- Lunch time is from 12:30 – 1:00 p.m.
- Friday Field Trips (an additional cost)

Summer Daycare Rates			
Three Weeks	8:00-4:00 p.m.	Monday-Friday	\$750.00
Two Weeks	8:00-4:00 p.m.	Monday-Friday	\$500.00
One Week	8:00-4:00 p.m.	Monday-Friday	\$250.00

The non-refundable tuition Fee, registration form, and Health and Emergency Information Form must all be submitted together before registration can be confirmed. The full summer daycare tuition balance must be paid no later than **June 1, 2019**.

St. Nicholas School reserves the right to cancel any class for which there is insufficient enrollment. Refunds will be made in this case.

For inquiries: Please e-mail us at [info@stnicholaseducation.com](mailto:info@stnicholaseducation.com) or call the school office at (818) 886-6751.

Three Weeks	\$750.00
Two Weeks	\$500.00
One Week	\$250.00
Total Number of weeks attending _____	
TOTAL DUE: _____	
<i>Make Checks Payable to St. Nicholas School</i>	
<i>Mail or return to:</i> St. Nicholas School	
9501 Balboa Ave.	
Northridge, CA 91325	

Father's Signature \_\_\_\_\_

Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_

Date \_\_\_\_\_



# St. Nicholas School

## Summer Enrichment Health Information 2019

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Do you authorize the office staff to administer Tylenol if needed? Yes  No  Call me first

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance With \_\_\_\_\_ Policy# \_\_\_\_\_

My child has a history of:

- Attention Deficit
- Asthma
- Autism/Asperger's Syndrome
- Chronic Medical Conditions
- Diabetes
- Epilepsy/Seizure Disorder
- Hearing/Vision Problems
- Speech Problems
- Other \_\_\_\_\_

My child is allergic to the following food, medicine and/or other relevant items:

\_\_\_\_\_

Recent operations or serious injury \_\_\_\_\_

Specific activity to be restricted? \_\_\_\_\_

Currently taking medication for \_\_\_\_\_

Does this medication need to be taken during school hours? \_\_\_\_\_

### AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

1. Should my child require a prescription medicine or over-the-counter medication during school hours, I will bring the medication to the health office and complete the required form. I hereby authorize the school office staff to administer it, according to the written instructions indicating dosages and time schedules.
2. As custodian of the aforementioned minor, I grant my authorization and consent for a designated adult to administer general first aid treatment for minor injuries or illnesses. If the injury or illness is severe, I authorize him or her to seek professional emergency personnel to attend, transport, and treat the minor and to issue consent for any medical care deemed advisable by a licensed medical professional or institution. I authorize the designated adult to exercise best judgment upon the advice of medical or emergency personnel.

\_\_\_\_\_  
FATHER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MOTHER'S SIGNATURE

\_\_\_\_\_  
DATE

To enable proper care of your child, fill in completely. It is the responsibility of the parents to keep this information current. If any of this information changes, notify the school office immediately.

Name of Student \_\_\_\_\_ Birthdate \_\_\_\_\_ Room # \_\_\_\_\_

BEST PHONE NUMBER TO CALL DURING THE SCHOOL DAY \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

If my child is sick or injured and the school is unable to reach me, please call:

Please name anyone who has permission to pick up your child.

If their name is not on this list, your child will not be released to them. Use the back if needed.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Who **does not** have permission to pick up your child? \_\_\_\_\_ Relationship \_\_\_\_\_

**If you have a court order stating a parent or other adult does not have permission to visit or pick up your child, you must provide a copy of the court order for the school office.**

Name of friend or relative within walking distance who can pick-up child:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name of relative living out of the area who can be contacted, if necessary

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_