

**CIRCLE OF FRIENDS
ST. PATRICK'S EXTENDED CARE PROGRAM
EMERGENCY FORM**

2006-2007

St. Patrick Extended Care rate is 4.00 per hour (flat rate)

If you are interested in joining Extended Care, please take the time to fill out the emergency form below and return it to school. These forms will be kept in our Extended Care Office. All children who might stay for Extended Care must have an emergency form on file. Thank You!

Name of Child: _____ Grade Level: _____ Birth Date: _____

Name of Child: _____ Grade Level: _____ Birth Date: _____

Name of Child: _____ Grade Level: _____ Birth Date: _____

Name of Child: _____ Grade Level: _____ Birth Date: _____

Address: _____

Home Phone: _____ Cell Phone _____

The following telephone numbers and addresses may be used in case of emergency:

Mother's Name: _____ Work Phone: _____

Company Name: _____ Cell/Pager: _____

Father's Name: _____ Work Phone: _____

Company Name: _____ Cell/Pager: _____

In the event of apparently serious illness or accident, when I cannot be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence, and will present identification to release my child from school.

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Special Instructions: (Specify any **allergies**, physical limitations and any medication currently being taken on the back of this form.)

Date

Signature of Parent or Guardian