

SS. Peter and Paul Summer Program Registration Form

St. Joseph School Summer Program registration begins Feb. 27, 2017

Cost is \$125/week. No part-time and families are responsible for every week regardless if the child attends or not.

Child(ren)'s Name(s) _____

Grade(s) _____

Parent's Name _____

Parent's Signature _____

Fill in all information and return the form to Heather Venner at St. Joseph School or mail to 210 E. Broadway.

The ASP cell phone is 220-3039. Please use this number to contact staff.

SS Peter and Paul Summer Registration Form

Child Information

Child's Name: _____

Grade _____ (completed)

Date of Birth: _____ Age: _____ Sex: _____ Child's school: _____

Family Information

Father:

Last Name: _____

First Name: _____

Home Telephone #: (____) _____

Bus. #: (____) _____

Cell. #: (____) _____

Email: _____

Place of Employment: _____

Billing Address: _____

Mother:

Last Name: _____

First Name: _____

Home Telephone #: (____) _____

Bus. #: (____) _____

Cell. #: (____) _____

Email: _____

Place of Employment: _____

Billing Address: _____

Please list anyone allowed to pick up your child

Emergency Contacts- besides parents (Required by DSS) Please star the contact you would like us to call first in case of an emergency.

1st Contact _____ Work _____

Home _____ Cell _____

2nd Contact _____ Work _____

Home _____ Cell _____

Health History

Family Doctor: _____ Phone _____

Does your child have any allergies? Yes _____ No _____

If yes, what are they allergic to?

Are there any behavior/special considerations that we should know about?

Parent's Authorization:

- My child may use the equipment and participate in all activities associated with the program.
- I give SS Peter and Paul Staff permission to seek emergency medical attention for my child if I am unable to be reached. I further understand that SS Peter and Paul After School Program is not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment.
- I, as the parent, release and agree to indemnify and hold harmless the SS Peter and Paul After School Program and Church, the Sioux Falls Diocese, employees, sponsors, officials and volunteers for any injury or illness which my directly or indirectly result from my child's participation.
- To the best of my knowledge, my child is in good health and I will notify the SS Peter and Paul After School Program if he/she is exposed to any infectious diseases.
- I give permission to the SS Peter and Paul After School Program to use any photograph my child is in for promotional material.
- I understand the SS Peter and Paul After School Program administration reserves the right to dismiss a child who, in their opinion, is a hazard to the safety or rights of others, or who

appears to have rejected the reasonable expectations of the SS Peter and Paul After School Program.

- I agree to pay for the entire summer regardless of how often my child attends.
- I have read and agree with the written policies covered in the SS Peter and Paul After School Program handbook. [\(Handbook will be available on-line\)](#)

Parent Signature _____

Date _____