

# THE SCHOOL OF SACRED HEART ST. FRANCIS de SALES

## After School Enrichment Registration Form

### Child's Profile



Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Does your child have any special needs in school? (If yes, please explain)

\_\_\_\_\_

What subject(s) do you think your child needs more help with?

\_\_\_\_\_

Is there anyone not allowed to contact your child? (Please state name)

\_\_\_\_\_

Relation to child \_\_\_\_\_

### PARENT/GUARDIAN PROFILE

Mother \_\_\_\_\_ Father \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

Beeper / Cellular \_\_\_\_\_ Beeper/Cellular \_\_\_\_\_

### EMPLOYMENT INFORMATION

Work (Co. Name) \_\_\_\_\_ Work (Co. Name) \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Work Telephone \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Providing excellence in academics and a deepening faith in God and Gospel Values in an environment that is caring, challenging, and respectful, striving to develop in every student the habits of thinking critically and acting responsibly in daily life.*

**THE SCHOOL OF SACRED HEART ST. FRANCIS de SALES**  
**After School Enrichment Program**



**Release Form**

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

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work \_\_\_\_\_ Beeper/Cell \_\_\_\_\_

Child's Illnesses / Medications \_\_\_\_\_

Medical Coverage \_\_\_\_\_ Policy # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

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I (parent/guardian) \_\_\_\_\_ of (student) \_\_\_\_\_, do hereby give my permission for said child to participate in the Sacred Heart St. Francis After school Program. I understand that participation in the Program activities may result in injury and agree not to hold Sacred Heart St. Francis School or its counselors responsible for such injury. In the event that I cannot be reached in an emergency, I do further authorize the physician selected by the adult in charge to treat, secure proper anesthesia, hospitalize or to order injection or surgery for my child. I, the parent or guardian of the above named child, state that I am not aware of any physical condition that should prevent or restrict his/her active participation in our programs.

Parent/Guardian Signature:	
Date:	

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## After School Enrichment Program Authorization for Pick-Up



Parent/Guardian \_\_\_\_\_ of

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

The following people are authorized to pick up my son/daughter after school:

Name \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone # \_\_\_\_\_

I **DO NOT** authorize the following people to pick up my son/daughter:

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

If needed, I will supply the school principal and the main office with legal documents of custody arrangements/restrictions.

Date: \_\_\_\_\_

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

Parent Signature:	_____
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Day Time Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

e-mail address: \_\_\_\_\_

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**After School Enrichment Program**

**Consent to Publish**



The SHSF ASEP would like to share what is going on out of school with the community.

Student Name: \_\_\_\_\_

(Please do one sheet per child)

Student Parent/Guardian Name(s): \_\_\_\_\_

Please Print

**We would like you to read the following and check YES OR NO.**

\_\_\_\_\_ **YES**

*My/Our child has my permission to display in the community or have photos taken for the display of their art, video or school work related to their participation in the SHSF ASEP program in a public arena including the hospital or other community venue. This would include video work for CAT TV.*

\_\_\_\_\_ **NO**

*I do not wish my child to be photographed, taped or art work displayed in the community for any reason or event.*

NOTICE: Your consent may be withdrawn or revoked at any time. Please contact the SHSF ASEP Office if you have any questions or if you wish to revoke your consent. Please realize that even if you prefer not to have your child photographed or filmed for public display, they may be inadvertently filmed in the course of developing an instructional program or to demonstrate instructional technique or content.

Non-local media access is rare and an effort to communicate that with you prior to the event will be made in advance if possible.

Parent/Guardian Signature:	
Date:	

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