



Holy Spirit Afterschool Care

2021-2022

New Student Info Form

Student's Name _____ Circle One: Male Female

Address _____ City _____ Zip _____

Entering Grade _____ Age _____ DOB ____/____/____

Homeroom Teacher 2020-2021 _____ 2019-2020 _____

Siblings (Names & Grades) _____

Mother _____ Preferred Phone _____ Home/Cell _____

Address _____ City _____ Zip _____

Employer _____ Work Phone _____

Email Address _____

Are Parents (Circle One) Married Divorced

If Remarried Name of Spouse _____ Phone Number _____

Father _____ Preferred Phone _____ Home/Cell _____

Address _____ City _____ Zip _____

Employer _____ Work Phone _____

Email Address _____

Are Parents (Circle One) Married Divorced

If Remarried Name of Spouse _____ Phone Number _____

Emergency Contact (other than parents)

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

I authorize the following people to pick up my child:

_____ Include all persons on the emergency list (check if applies)

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

The following people are NOT authorized to pick up my child

Children are only released to authorized persons, but for security [purposes please list any persons that may attempt to pick up your child who you do not wish your child to have contact with. Parents with a court order regarding custody/visitation MUST provide copies to Holy Spirit Child Care if staff are to DENY pickup by non-custodial parent.

Name _____

Attach additional information if necessary

Medical Information

Please list any medical information that the staff needs to be aware of (allergies, ADHD, etc.)

HSCC will NOT administer any medications to any program participants. Parents that have children that require a daily medicine will need to make arrangements so that medicine does not need to be administered during childcare services. EXCEPTIONS: Medicines needed for emergency, life-threatening situations i.e.- EpiPen for allergic reactions, glucose pens/insulin for diabetic conditions, inhalers for asthma. For these medicines to be allowed parents must provide training for all staff as well as provide the medical device and follow all state license requirements regarding medication.

Please list medical conditions below **Check Here for No Medical Conditions** _____

Physician _____ Phone _____

Check One or List preference in space below

- _____ Norton Brownsboro, 9800 Angie’s Way Louisville, 40241; 502-394-6200
- _____ Norton Women & Children, 4001 Dutchman’s Lane Louisville, 40207; 502-893-1000
- _____ Baptist Health, 4000 Kresge Way Louisville, 40207; 502-897-8100
- _____ University of Louisville Hospital, 530 S. Jackson St Louisville, 40202; 502-562-3000

_____ Other: _____

Animal/ Pet Policy

Holy Spirit Afterschool Care believes that having a program pet helps to teach the children of our program responsibility. According to childcare regulatory policy we are allowed the following enclosed or caged classroom animals with parental consent: fish, hamsters, gerbils, guinea pigs, hermit crabs, turtles, birds, non-poison amphibians, bearded dragons, rabbits, chinchillas as well as caterpillars and butterflies.

_____ I hereby give permission for my child to be in the presence of the presence of the animals listed above.
Parent Initials

Please complete the Sunscreen Release even for the school year. Sunscreen is only applied if provided by the parent.

Sunscreen Release

Please apply _____ sunscreen product to prevent sunburn to all exposed skin. I have provided the sunscreen product labeled with my child's name.

Please choose one:

_____ My child is able to apply the product with supervision

_____ Staff must apply the product to my child

Please apply sunscreen each morning before school/camp. Sunscreen will be reapplied after school during the school year at 3:00 p.m. During summer camp sunscreen will be reapplied before lunch (11:45 a.m.), after any water play, and at 3:30 p.m. daily just prior to After Camp Care.

_____ Parent Signature Required

Additional information you wish to share:

My signature indicates all information is accurate and will be updated during the school year if necessary

Signature: _____

Print Name: _____



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Payment Form

Family Last Name _____

	Student Name:	Student Name:	Student Name:	Student Name:
NAME:				
CHECK ONE: <i>This is the number of day(s) you are registering for each week</i>	_____ Two Day _____ Three Day _____ Four Day _____ Five Day	_____ Two Day _____ Three Day _____ Four Day _____ Five Day	_____ Two Day _____ Three Day _____ Four Day _____ Five Day	_____ Two Day _____ Three Day _____ Four Day _____ Five Day
Circle Day(s) Your child(ren) will attend.	Monday Tuesday Wednesday Thursday Friday	Monday Tuesday Wednesday Thursday Friday	Monday Tuesday Wednesday Thursday Friday	Monday Tuesday Wednesday Thursday Friday
_____ Check HERE if you are registering as a Drop-In				

A non-refundable \$60.00 Registration Fee Must accompany this form

Payment Authorization Agreement for Electronic Funds Transfer (EFT)

_____ Payment in full is enclosed. No EFT is authorized. (Enrollment in 2 weeks or less MUST be paid in full at the time of enrollment.)

_____ I am registering my child/children for After School Care. I would like to enroll in the Electronic Funds Transfer Program. I understand I must pay the registration fee by check and the monthly payments will be withdrawn July 2020 – April 2021. I authorize Holy Spirit Church to use the account information of the registration payment to set up my EFT transfer.

Signature of parent responsible for payment

Date

Print Name: _____

Returning Families only need to submit this Payment Form.