

**FAMILY INFORMATION**

Family last name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Unlisted?(Y/N) \_\_\_\_\_  
 Email address (optional) \_\_\_\_\_  
 The children's or family doctor is \_\_\_\_\_ Phone \_\_\_\_\_  
 The children's dentist is \_\_\_\_\_ Phone \_\_\_\_\_

**PARENT INFORMATION**

**Father's** first name \_\_\_\_\_ **Mother's** first name \_\_\_\_\_  
 Place of employment \_\_\_\_\_ Place of employment \_\_\_\_\_  
 Work phone \_\_\_\_\_ Work phone \_\_\_\_\_  
 Cell phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**CHILD INFORMATION**

1. **Child's full name** \_\_\_\_\_ Preferred name \_\_\_\_\_  
 Age/D.O.B. \_\_\_\_\_ Medical Concerns? No Yes (explain) \_\_\_\_\_  
**DATE OF LAST DOCTOR'S VISIT (MO/YR)** \_\_\_\_\_

2. **Child's full name** \_\_\_\_\_ Preferred name \_\_\_\_\_  
 Age/D.O.B. \_\_\_\_\_ Medical Concerns? No Yes (explain) \_\_\_\_\_  
**DATE OF LAST DOCTOR'S VISIT (MO/YR)** \_\_\_\_\_

3. **Child's full name** \_\_\_\_\_ Preferred name \_\_\_\_\_  
 Age/D.O.B. \_\_\_\_\_ Medical Concerns? No Yes (explain) \_\_\_\_\_  
**DATE OF LAST DOCTOR'S VISIT (MO/YR)** \_\_\_\_\_

4. **Child's full name** \_\_\_\_\_ Preferred name \_\_\_\_\_  
 Age/D.O.B. \_\_\_\_\_ Medical Concerns? No Yes (explain) \_\_\_\_\_  
**DATE OF LAST DOCTOR'S VISIT (MO/YR)** \_\_\_\_\_

**EMERGENCY CONTACTS**

If we are unable to contact either parent, we need 2 alternate names.

1. \_\_\_\_\_ Relation to child \_\_\_\_\_ Phone \_\_\_\_\_  
 2. \_\_\_\_\_ Relation to child \_\_\_\_\_ Phone \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK UP CHILD(REN) other than parents:**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 5. \_\_\_\_\_ 6. \_\_\_\_\_

St. Thomas More Catholic School Extended Care

**PERMISSION FORM / PARENT MANUAL VERIFICATION**

Family last name (please print): \_\_\_\_\_

**PARENT MANUALS**

All manuals are available online at [www.thomasmorespokane.org](http://www.thomasmorespokane.org) or you can request a hard copy from the supervisor, director, or the school office.

I have read the following manuals and agree to abide by the policies therein:  
(please check ***all*** that apply)

Extended Care

I hereby grant permission for my child(ren) to use all of the play equipment and participate in all activities.

I hereby give permission that my child(ren) may be given emergency treatment by a qualified childcare provider at St. Thomas More Catholic School Educare. When I cannot be contacted, I authorize and consent to medical, surgical and hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give my permission for my child(ren) to be transported by ambulance or aid car to an emergency center for treatment.

\_\_\_\_\_  
Preferred hospital

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

\_\_\_\_\_  
Medical Insurance Company      Group No.      ID No.

\_\_\_\_\_  
Parent Signature      Date

**Please note:** It is very important that we have the above information. This will expedite medical care for your child in the case of an emergency. It is also required by state law.

St. Thomas More Catholic School Extended Care  
**BEFORE/AFTER SCHOOL FEE SCHEDULE**  
**Effective August 31, 2018**

Extended Care (Grades K – 8)

Registration Fee before May 1 <sup>st</sup> .....	\$25.00 per child
Registration Fee from May 1 <sup>st</sup> forward.....	\$35.00 per child
Hourly Rate .....	\$4.50

Hours are rounded to the nearest 15 min interval

- 10% discount for two children
- 15% discount for three or more children

**Late Pick Up Fee-** If you are unable to pick up your child by 6pm, you will be charged \$1/min per child until they are able to be picked up