



The Falcon's Nest at All Saints School
K—5 School Age Child Care Program
School Year 2017 - 2018 Registration

19795 Holyoke Ave
 Lakeville, MN 55044
 (952)469-4958
 Fax: (952)469-4484
 cdoyle@allsaintschurch.com

Household Name _____ **Primary Phone** _____

Mother's Name _____ Cell Phone _____

Street Address _____ City _____ State _____ Zip _____

Mother's Place of Employment _____ Phone _____

Email _____

Father's Name _____ Cell Phone _____

Street Address _____ City _____ State _____ Zip _____

Father's Place of Employment _____ Phone _____

Email _____

Child is in the custody of: Mother Father Both Parents

Other Guardian: Name _____

Relationship to Child _____

Child's Name _____ Grade _____ Birth date _____

Child's Name _____ Grade _____ Birth date _____

Child's Name _____ Grade _____ Birth date _____

Child's Name _____ Grade _____ Birth date _____

Persons authorized to pick-up the child and assume responsibility in the event of emergency.
Picture identity validation will be required. Persons must be 16 years of age or older.

Name _____ Phone _____

Address _____ Relationship to Child _____

Name _____ Phone _____

Address _____ Relationship to Child _____

Name _____ Phone _____

Address _____ Relationship to Child _____

The parent/guardian, and above named persons agree to indemnify and hold harmless All Saints Catholic Parish, School, and the Falcon's Nest Program for any incident occurring after the child is released from the Program. A noncustodial parent must be added to the above list in order to pick up the child.

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The Falcon's Nest Registration School Year 2017 - 2018 (cont.)

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EMERGENCY MEDICAL INFORMATION :

If an emergency situation requires immediate medical attention I give permission for my child to be transported by ambulance to a hospital for medical treatment attended by an All Saints Parish or School staff person.

Physician/Clinic _____ Phone _____

Address _____ Hospital Preference _____

Please list any condition, special need and/or medication that Falcon's Nest Staff must be aware of , e.g. allergies, asthma, ADHD, etc.

Child _____ Condition _____ Medication _____

Child _____ Condition _____ Medication _____

Child _____ Condition _____ Medication _____

The All Saints School Health Office will share medical information concerning children enrolled in the Falcon's Nest Program. When possible, medications should be administered by the school health aid. Please consult the Falcon's Nest Handbook for medication administration procedures.

The Falcon's Nest will adhere to the policy of All Saints Catholic School regarding the photographing and use of photographs of children in the program.

Children will view movies of a G or PG rating after content is reviewed by a Falcon's Nest staff person.

The Falcon's Nest accepts registrations of children in grades Kindergarten through and including grade five who attend All Saints Catholic School.

2017—2018 FEES: Early bird registration fee before July 15, 2017: \$40.00 per family. After July 15, 2016: \$50.00 per family. Registration fee due upon submission of registration.

Before school fee: \$12.00 per child . After school fee: \$17.00 per child. Non-school days: \$50.00 per child.

Drop ins for before and after school are upon availability and for an additional charge of \$3.00 per child. Drop ins for non-school days are upon availability and for an additional charge of \$5.00 per child.

I understand that by signing this registration, I agree with the Falcon's Nest policies and procedures. I understand that fees are due as stated in each monthly contract, and are pre-paid and non-refundable; changes in schedule are dependent upon availability and are subject to additional fees. I understand that changes to the above information must be reported immediately.

Mother's Name (please print)

Mother's Signature

Father's Name (please print)

Father's Signature